

The Social Planning Council
of
Metropolitan Toronto



Institute for Public
Administration of Canada
(IPAC), Toronto Group

Urban Seminar Three

Coordinating Human Services In Metropolitan Toronto

October 1976

SOCIAL PLANNING COUNCIL
OF METROPOLITAN
METROPOLITAN TORONTO



INSTITUTE FOR PUBLIC
ADMINISTRATION OF CANADA
(IPAC), TORONTO GROUP

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COORDINATING
HUMAN SERVICES
IN METROPOLITAN TORONTO

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SOCIAL PLANNING
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CONFERENCE SUMMARY

KEYNOTE SESSION:

In introducing the seminar and keynote speaker, Stan Makuch pointed out the fragmentation which exists not only between the various levels of government but also among different agencies at each level of government. He noted that there are more than 200 federal and provincial legislative enactments governing the human services and that there are 16 agencies involved in income support in Metropolitan Toronto. He asked how efficiency and democracy could be assured in such a situation and said that this was one of the questions facing the seminar.

In his keynote address, Stephen Lewis said that the existing human services system in Metro is a "chaotic jurisdictional tangle" and that the prime responsibility for the present situation rests with the provincial government. He noted that any rationalization of the system would have to take place within the atmosphere created by the following external forces:

- the allegations that there are currently great abuses of assistance programs;
- the battle between universal and selective programs;
- the continuing federal-provincial debate on programs and cost-sharing in key human service areas such as income maintenance, education and health;
- the present provincial policy of arbitrary restraint on increases in human service spending.

Mr. Lewis added that the present decision-making system at the provincial level combines the disadvantages of both fragmentation and centralization. Fragmentation of delivery responsibility among various ministries means that co-ordination and integration of related programs is impossible. On the other hand, financial control at the provincial level has become highly centralized at Management Board. The result is that human service decisions are often made on the basis of arbitrary standards (eg. 5% across the board) or on the basis of the political clout of the minister. Local needs and acute human service problems get lost in this process, resulting too often in confrontation.

The only solution, in Mr. Lewis' view, is the reversal of provincial public policy in human services as it relates to Metro and the regional municipalities. He suggested that the municipal level be given responsibility for coherence, planning, priority setting and delivery of human services. In this arrangement, the provincial government would provide funding and set minimum standards, and perhaps retain responsibility for income maintenance. He called on the Royal Commission on Metropolitan Toronto to recommend such a transfer of power and an appropriate human services decision-making structure to go with it. Mr. Lewis pointed out that the detailed delivery systems (eg. multi-service centres) could be evolved by Metro and the area municipalities to meet local needs. The same could be done in regional municipalities. He suggested that a mixture of unconditional grants and new tax sources be transferred to Metro municipalities to finance this new responsibility.

SESSION ONE: SENIOR GOVERNMENT ROLES: FINANCING AND DOMAIN

In presenting his paper, Don Richmond noted that some signs of progress in solving the financial problems in municipal human services had occurred during the past two years. These included the federal-provincial discussions of income security, reform in Ontario and elsewhere, and the work of The Royal Commission on Metropolitan Toronto.

Mr. Richmond said that there is nothing fundamentally wrong with the existing constitutional framework which assigns responsibility for human services to the provinces. He suggested that the time has come to return to an emphasis on provincial powers in this field rather than to continue the expression of the federal role which has developed since 1945. The main problem is the ability of some provincial governments to finance adequate programs, and Mr. Richmond suggested that disparities in fiscal capacity be solved by equalization payments not shared cost programs. He questioned the assumption that adequate levels of service still require national standards, and cited the educational system as an example of adequate service without national standards.

Due to the diversity of Canada, it was Mr. Richmond's view that different provinces would discharge their human services responsibilities differently. He said that in Ontario these responsibilities should be delegated to the many municipalities which have the capacity to provide services effectively. This is because Ontario has a long history of effective local government and Ontario has had the courage to modernize many local governments to enable them to function effectively in the diverse and farflung regions of the province. Specifically, he noted the implementation of regional governments in most urbanized parts of Ontario as a major innovation.

In the discussion, John Anderson stressed the importance of the distinction between universal services such as education and health and the income-related and specialized services such as income maintenance and group homes. He said the latter might require administration at a level somewhat removed from the most local political process to ensure that all in need have access to the politically less popular services. Mr. Richmond said he agreed that income maintenance should be a provincial responsibility, but he thought that the establishment of minimum standards by the provincial government might suffice to ensure supply of other services.

Mr. Richmond also drew attention to services such as hospitals, in which funding should come through the provincial government but decisions about new buildings, beds, and locations should be made at the community level in the context of the overall municipal responsibility to manage physical and social development.

June Rowlands said she had not seen much evidence of the ability of municipalities to order their own affairs in the human services field. She cited day care as a responsibility that had not been handled effectively by municipalities. Don Richmond replied that municipalities would act like babies as long as they were treated like babies. He said the reforms would require faith and a bit of a gamble but that the provincial government could always take the responsibility back if it were not handled effectively.

SESSION TWO: DEVELOPING A MUNICIPAL FRAMEWORK FOR CO-ORDINATION

In presenting his paper, Marvyn Novick said that cultural as well as political change is involved in moving to new arrangements for human service delivery. He stressed the evolving perception that most services should be seen as part of our daily lives, so

that the bulk of the human services will be administered in a community rather than an institutional environment. Using this distinction between institutional and community services, he proposed a new system of decentralized, co-ordinated community service delivery at the municipal level. He said that the central issue was how to provide the authority which is essential to ensure co-ordination.

Mr. Novick said that his paper was based on an assumption that the two-tier system of metropolitan government would continue in Toronto. While recognizing that most of the action in human services would remain at the area municipality level, he said that the equalizing role played by the Metro level was important to maintain. His other assumptions were:

- human services are an important function of municipal government;
- private agencies are not the most important part of the co-ordination problem - the main difficulty is with governments;
- change will take a long time - 8-10 years at least.

In commenting on Mr. Novick's paper, Anne Golden said that there should be no question that the municipal level is best suited to achieve co-ordination in Metro. She said that this was in part because of the ability of the Metro level to achieve equalization of resources. She said she thought that the system proposed in the paper achieved the goals of participation, accountability, identity, efficiency, flexibility and autonomy.

Commenting on the paper from the point of view of service clients, John Gandy questioned a number of the assumed advantages of the proposed system. He said that decentralization does not necessarily improve access to service unless it is accompanied

by policies which ensure full knowledge of, and access to, the service. The distinction between institutional and community services is difficult to draw in the case of institutions such as hospitals which provide services of both types. He was also critical of the paper's lack of attention to the role of voluntary agencies, which he thought should be devoted to advocacy, specialization and innovation.

In the discussion, a questioner stressed the need for either Metro or the provincial government to have overall authority for the provision of unpopular services. Mr. Novick agreed, and said that the present system achieves the worst of both worlds by not clearly assigning authority to one level or the other.

WORKSHOP NO. 1: PUBLIC-VOLUNTARY RELATIONS

In her presentation, Rose Wolfe said that government has excluded the voluntary sector from human service planning. She said that some services cannot be delivered on a geographic basis alone - ethnic and cultural differences and mobility require that some agencies be able to act on a non-geographic basis. She listed the following as the functions of voluntary agencies:

- to provide for self-determination for ethnic and cultural groups;
- to act as a watchdog of governments and an alternative source of help in cases where government involvement is seen by the client as a threat to freedom; and
- to provide less costly delivery of some services than would be the case with government administration (her example was the provision of service by Children's Aid Societies using government funds.)

Controller Barbara Greene said that Metro must lead in rationalizing social services and that the municipality was now acquiring the expertise to do so. She said that the volunteer is limited in what he or she can do and do well and she noted that the record of voluntary agencies in co-ordination is poor. She added that government should use its leverage to ensure co-ordination among voluntary agencies and services.

In the discussion, there was evidence of considerable dissatisfaction among the boards of directors and senior management of voluntary agencies. Because of the constant scramble for funds, people in these positions are spending more and more time on political lobbying as the funding arrangements become more complex. Participants questioned whether the money spent policing the use of government grants could be used better in meeting social needs more directly. The diversity, complexity, and uncertainty of funding arrangements also presented problems in view of the chronic cash-flow problems of voluntary agencies.

Other participants emphasized the role that voluntary agencies could play in advising on new government programs. One person said that voluntary agencies knew in advance that Metro's experimental program of assistance to the working poor would not work.

Some people expressed a concern about the deconditionalization of grants, which they feared would result in the groups that were politically strongest getting the bulk of the money.

WORKSHOP NO. 2: MANAGEMENT INFORMATION SYSTEMS FOR HUMAN SERVICES: WHAT IS USEFUL?

Bob Rutherford opened this workshop by stating that a flexible, economical, open

information system can benefit the case worker, management, the client and the taxpayer. He added that the new small scale hardware systems will have an enormous impact on human service information systems. He asked how we can be sure that we are collecting the right information - battered wives will not automatically show up in the information system of any agency.

Gerry Dermer stressed that the important things are to know what information you want and to avoid being dazzled by technology. An information system need have no technology other than pencils and paper if it meets the agency's needs. He suggested that an information system should be able to answer the following questions:

- how are we doing?
- how well are we identifying problems? and
- how can we deal with the problems that we identify?

WORKSHOP NO. 3: CO-ORDINATION EFFORTS IN WATERLOO, SUDBURY, AND HALTON

The first presentation was by Mayor Edith McIntosh on the Kitchener-Waterloo experience, which began with the rejection of a District Health Council in 1974 because the municipality wanted to give health and social services equal and concurrent priority. Following a study of the question, it was decided to establish separate health and social planning commissions sharing a common support staff. She said that the main obstacle to co-ordination in that region had been the fact that the relevant provincial ministries were not co-ordinated or integrated. This had led to a long process of structural decision-making which was still not resolved.

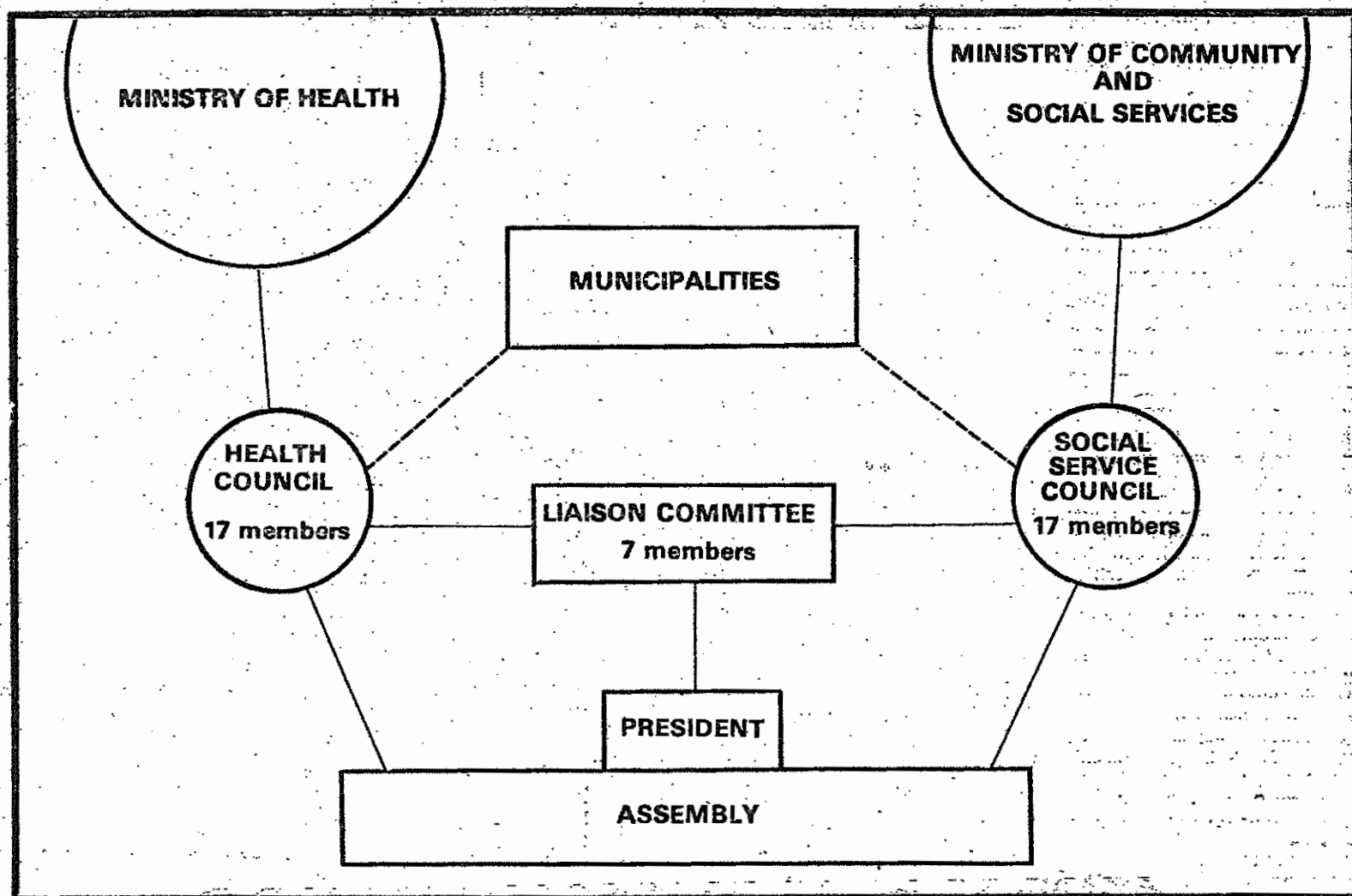
She mentioned that one successful step towards greater integration was the abolition of the local Board of Health in July 1975, and the transfer of its responsibilities to a committee of council.

Peter Marks described the Human Services Council which had been in existence in the Regional Municipality of Halton for 18 months. Its main accomplishment had been to co-ordinate the development of new services, but it had not been successful in co-ordinating existing services because it lacked the authority to challenge the activities of the existing service structures. He said that this authority plus clear functional powers and objectives (eg. budget review) were essential. He added that the commitment of the people involved was as important to success as any structural arrangement.

Ron Luciano outlined Sudbury's efforts at co-ordination, which began with a small task force in 1974 to develop plans for co-ordination and integration of health and social services. This led to a steering committee which led to the establishment of a health and social services assembly in June 1975. The assembly has convened a number of forums on co-ordination. The final model for co-ordination is outlined in Chart 1.

Mr. Luciano felt that some progress had been made in the sense that the District Health Council concept was modified in its application to Sudbury. He stressed the great resistance to this modification that came from the Ministry of Health and to a lesser extent, from the Ministry of Community and Social Services.

CHART 1 - SUDBURY'S CO-ORDINATION STRUCTURE



LUNCHEON: THE HONOURABLE JOHN P. ROBARTS

In his address, Mr. Robarts outlined the importance of human services in local government and stressed the public concern over escalating human service costs. He said that greater co-ordination was required if priorities were to be set and costs controlled, and he questioned whether the current organization of government in Metropolitan Toronto was capable to doing this. He set out the requirements that a human services system would have to meet if it is to accomplish its goals and rationalize services, and he said he would attempt to address the structural changes necessary in making his report to the government.

SESSION THREE: DECENTRALIZED CO-ORDINATION OF SERVICE DELIVERY:
ADMINISTRATIVE OR POLITICAL REFORM?

In outlining his paper on his experience with York Community Services, Arch Andrews said that the control of service mandates and funding at the local level is essential to effective co-ordination of services in neighbourhoods. He said that with this type of control the provision of services could be organized on the basis of quite small units. He thought that units of 50,000, as suggested by some, were too large.

Anella Parker presented her paper which reviewed models of decentralization elsewhere and said that this review indicated that citizens have shown their willingness to participate in non-land-use issues. She emphasized that decentralization need not result in increased bureaucracy and loss of clarity in the system from the client's point of view.

In discussion Wilson Head expressed concern that we have been talking about co-ordination for 10 years without actually doing anything about it. Others emphasized the continuing and growing problems of communication between public and voluntary sectors. Still others expressed caution about tampering too radically with a system that for all its faults is meeting a number of human needs and which enjoys the voluntary commitment of time and money from large numbers of people.

CONFERENCE SUMMARY: KENNETH CAMERON

In my concluding remarks, I posed three questions:

- Are you prepared to change the way in which you relate to each other as individuals and as agencies in order to achieve the larger goal of better co-ordination and better service?
- If the transfer of authority for human services to Metro is recommended, will you be prepared to sell this idea to your agency, your clients and the public?
- If the changes in the authority for co-ordination are implemented, will you be prepared to play by the rules and not seek provincial intervention when a decision goes against you?

KENNETH D. CAMERON
Chairman
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1. KEYNOTE ADDRESS

STEPHEN LEWIS, M.P.P.
LEADER OF THE OPPOSITION,
GOVERNMENT OF ONTARIO

KEYNOTE ADDRESS

I want to indulge myself in some reflections, some articles of faith, some pursuit of policy which may provide a perspective to this seminar, and perhaps some content. . . . While the debate takes place here, the whole question of co-ordination and organization of services to those in Metro Toronto is influenced by and often distorted by the external perception, the external assumptions which range about in the community at large. And they're ever present, and they're interesting. For example, there continues to be a conventional wisdom now abroad in the land, that many programs of services to people are shot-through with abuse; and that we're dealing largely with self-indulgent clients rather than with a noble social ideal. Politicians and bureaucrats, jointly, churn happily in the maligning of everything from unemployment insurance to social welfare; doing it for whatever obscure or explicit reasons they may have, but resulting in attitudes which are generally repugnant to those of us who would wish to make services to people a more effective instrument of social change.

There is also, for example, the desperate tug which now exists in the battle between that which is universal and that which is selective. For myself, as a democratic socialist; this has been a matter of some concern. We have noted that the British Labour Party, for example -- a party in whose genesis was rooted the principle of universality in social programs -- has moved the question of selectivity into a different set of priorities. Those realities involve any discussion of this kind. There is as well the endless debate over federal and provincial cost-sharing, which bedevils everything and usually clarifies nothing. There is, to top it all off, the current policy of provincial restraint which adds a dimension, forgive the partisanship, at times so mindless and so arbitrary that it makes rational discussion impossible.

But all of these historic realities whirl about the current seminar topic, so surrounded by its miasma of confusion you seek some co-ordination for what the Metro Plan calls "the state of chaos within". And it is of course truly difficult. Everyone puts the descriptive in different ways.

Let me try it in this way:

It is a matter of accepted fact, I think, amongst many, that the delivery of service within Metro, is often a discombobulated shambles. That the sources and percentages of funding are so complex that Einstein himself would have sought assistance. That the jurisdictional tangles are positively byzantine. And that the regulations imposed are in themselves an invitation to anarchy. It struck me that neither Solomon nor Merlin could have coped! I don't want to take Metro off the hook. I don't want to take the boroughs off the hook. And I don't want to take social agencies off the hook. I have no great affection for the federal government and the way in which it has approached the delivery of social services. But I think it's important for me to say that the prime responsibility for what's gone wrong and what is going wrong must lie with the province. That's not just because the British North America Act conferred the jurisdictional rights on Ontario, and it's not just because I'm a provincial politician. But it's simply because the solutions lie within the capacity of the province to effect the changes you would wish to provide.

What has happened I think is that the Province of Ontario has fallen prey to two of the worst evils of contemporary government -- fragmentation on the one hand and centralization on the other. And in the co-ordination of human services, I want to submit to you, neither has any appropriate place. The fragmentation, first, means that ministries of the province operate and formulate in separate and often competitive compartments, with no sense of integration, often even among programs within the same

ministry. I daresay that public health operating through boards of health hasn't the faintest idea of what mental health operating through psychiatric hospitals is doing. At the local Metro level, I recall a meeting of not long ago where we discussed a problem of a hospital in Toronto turning to the Family Service Agency for psychiatric after-care, placing upon the agency demands which would be very difficult for the agency to provide in the present atmosphere of which neither ministry began to understand. Fragmentation means that the more influential cabinet ministers can win Treasury Board approval for programs without reference to social priorities. If you're a strong person, as Frank Miller, than you are as a Jim Taylor, then you win a greater share, based on your simple ministerial prowess rather than on other perceptions of reality. Fragmentation means that access to dollars often determines the placement and availability of service, rather than any consultation or need of the groups affected.

I am reminded of the symbolic and depressing example of that. When you moved the new programs for the Metro retarded from the Ministry of Health to the Ministry of Community and Social Services. Not because there was a compelling social rationale, but because more money was available under the Canada Assistance Plan. That transfer of a major social program had consequences throughout every area of the province, and obviously in Metro. The result was in many ways terribly disturbing for the people involved. But the consequences were largely irrelevant to the dollar determination.

Centralization obviously means that a small group, not by any means conspiratorial, but small, concentrated in authority at the level of management board, and among senior civil servants of several ministries, make decisions that control programs, control revenues, and control accessibility -- sometimes without reference to the consequences. Centralization means that arbitrary percentage increases are imposed upon programs as a result of fiscal or political decision or reason rather than as a

a matter of social policy. I judge from what I read in the papers that this year the Children's Aid Society will receive 8.1% more than they did last year. Last year they received allegedly 5.5% more than the year before. Whence come the figures? What's the rationale? Where does it make sense? How do you pluck them from the air? What are the determinants of social policy which extract a percentage and impose it on a program? Those are political decisions -- those aren't social decisions -- and they flow from an undue centralization of power.

Centralization means that whether my constituent in Scarborough West is designated to be permanently unemployable or physically disabled -- a reality for her which constitutes a difference of more than \$100/month -- centralization means that that designation is not made by a front line worker, based on the needs of my constituent, but by Queen's Park, by the Medical Advisory Board or some other perverse combination of personalities which enrages me on every occasion because the distinction between permanently unemployable and physically disabled is so invidious and absurd in any event. But that's what centralization does.

Centralization means above all that local knowledge, understanding and priorities or need are almost never consulted, never sought, and that often has destructive consequences. And I suppose that it is the most dramatic Achilles' heel of centralization that drives every working politician, and I suppose anyone dealing in services to people, to distraction.

Fragmentation and centralization together, I submit to you, which is the way in which provincial policy has worked in this arena -- often means confrontation, pitting agency against agency, area municipality against area municipality, and often

against Metro, and ministry against ministry. It all makes utterly no sense. That's not the way you deal with the field of human services.

The only answer to many of us in the NDP is a complete reversal of public policy on the part of the province. And that seems to us to be a precondition of your capacity to organize the human services in Metro in a more rational way. Ross McClellan, the MPP from Bellwoods, and our critic in the Legislature on community and social services prepared a few thoughts for me about his feelings on this subject.

Let me read it to you. He says:

"Somebody needs to assume the ultimate responsibility for coherence, for planning for an integrated, co-ordinated, accessible and accountable social service system. That somebody, of course, is the Government of Ontario. The government of Ontario has a responsibility for putting a coherent system in place. It does not have to run or administer such a system. It must create the conditions that allow for the development of such a system at the local level. The process of helping others is a key ingredient of community life of healthy communities. It must not be made remote, arbitrary, bureaucratic. The helping services must be locally based as a way of fostering and preserving the sense of community in our urban neighbourhoods."

Now that means that while the province conveys the funding, it must transfer to Metro, and the area municipalities -- it would be such a change in policy that it would amount to a surrender to Metro and the area Municipalities -- the co-ordination and integration of human services. The province has to relinquish, I submit to you, the central control of the services, or the services to people will never be provided adequately or efficiently.

Now in the nature of this whole vision I have some personal prejudices, as I suppose do we all, but I would imagine that essentially is the work of this seminar. That's what you're at, and hopefully that's what John Robarts may talk about a little tomorrow.

I am fascinated by Marvyn Novick's division in his paper of community services, broadly and most effectively defined to area municipalities, and institutional services equally well defined to Metro municipalities. Fascinated equally by the evolution which he puts of a Metro Human Services Plan, a social services plan, or board or whatever the instrument is to the province for final acceptance. Whether the final pattern corresponds, as Marvyn suggests it might, to the relationship between local boards and metro school boards; whether it corresponds as Arch Andrews puts it to the best of local health boards isn't really pressing for me. The fact of the matter is that you'll be dealing with very specific and highly practicable recommendations from which choices can be made. The precise nature of the model isn't terribly anxious for me. Whether it is a multi-service centre, about which I have strong qualms in terms of some of its value, but others may be advocates. Whether it's a kind of public facility. Whether it is a storefront. Whether it's some other arrangement. All of this seems to be a matter of finding the model which conveys the plan decided upon by Metro encompassing all of the services to people rather than this extraordinary fragmentation which now besets us.

I suppose it's fair to say that logic would lead one to believe, as Arch Andrews will argue in his paper, that if you're going to set up this kind of model at a local level, it has to have the power, the command, to provide services to clients and

the public itself rather than being forever dependent upon agencies located elsewhere. It's obviously true that you can't have that kind of thing without citizens participating in it from the groundwork up.

But the precise plan, the precise model, those are things which the area municipalities and Metro can themselves fashion. And it's utterly ludicrous that they cannot now fashion a rational integration of services to people because the fragmentation and centralization of the province makes it absolutely impossible. You run up against an obstacle course every time you turn around.

So ultimately, logically, compellingly, the province has to reverse its public policy. I think most are matters of organization and structure which reasonable people can abet. But at some point in time the province will have to abandon its centralized control, provide the funding, set the minimum standards, process income maintenance dollars perhaps, and let everything else be determined at the local level, at the area level, at the Metro level. And I, for one, am quite prepared to see that happen.

I don't consider that that's arguing any very special case for Metro, as compared to the rest of Ontario. Metro is a unique environment in terms of services to people. It will have to have some particular policy response. But the program that is laid out in Metro, and which you'll be discussing over this weekend, is equally applicable in lesser or greater degree to other regional governments and to other municipal governments across the province. That's why it's so desperately important that something happen. Frankly, I think that the different provincial role, the role I've described, the role which essentially says we've got the dollars and we'll set minimum standards and you prepare a plan for human services which cuts right across the board and integrates all, and is not fragmented -- that new role for the province should have been in the terms of reference for the Robarts Commission.

I don't know whether John Robarts is going to be able to use the terms of reference of this commission to reach that plan. I hope he does. In my years in the Legislature with him he was infinitely adaptable and capable of reaching logical conclusions as long as they were extensions of logical terms of reference.

The province still continues bargaining with the federal government obviously over cost-sharing programs. Right? It's a logical thing. And they get from the federal government as much as they can possibly get. And what remains in terms of needed social services, the province then provides. And obviously the province still funds Metro or area municipalities and perhaps goes beyond.

And that is another crucial factor with which I hope the Robarts Commission might deal. Don Richmond, in his paper, talks about a choice that exists between deconditionalized grants on the one hand and additional tax sources for the area municipalities and Metro Toronto on the other. And speaking to political realities he says, I suspect reluctantly, that even though he'd prefer the tax, we may have to settle for the deconditionalized grant. I don't see why we can't do both. I don't see why you don't start with deconditionalizing the grants as they now exist and then move to providing the area municipalities and Metro with a percentage, a certain number of points of the income tax, which is then prorated across the province for other regional and local municipalities. In other words you create a standing tax base for the metropolitan area so that the priorities which are struck are no longer dependent purely upon provincial design.

All of this seems to me to make reasonable sense. The entire purpose is to recognize that the provincial role must change. And that's what I really wanted to say to you tonight, because from here on you'll be discussing what happens within the area

municipalities. All the extravagance and the excess, the disorder and the dismay which currently exists, have to lie at the feet of the province. There is utterly no other explanation for it. What is so damnable about the whole process, if I can pull things together this way, is that the centralization and fragmentation -- the whole business of limited responsibility which exists in the public sector and the private sector amongst all of the things which the chairman outlined -- it all forgets about the human consequence. One forgets, in the desperate struggle to keep the services going, what is ultimately the social objective. It reminds me of the debate around education in the Legislature for as long as I've been there, and I've been there 13 years, an eternity. We've debated dollars. We've debated numbers. We've debated buildings. But the fragile and sensitive transactions which speak to the quality of the educational process that take place between student and teacher in classroom, we barely have time for at all. And so it is with services to people. You're hounded by dollars, you're mesmerized by numbers, straitjacketed by buildings, and the ultimate human consequences of every single political act get lost in the process or are absorbed in the desperate frustration of those who provide the service and the clients who receive it.

For most of us in this room who have a fairly unfettered life, we order our lives amicably ourselves. I started with J.S. Woodsworth. Let me end with his most celebrated dictum:

"What we desire for ourselves we wish for all."

II. SENIOR GOVERNMENT ROLES:
FINANCING AND DOMAIN

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The purpose of this paper is to put the problem of coordination of human services in Metropolitan Toronto into perspective:

- First - by discussing the limitations imposed by constitutional and financial constraints within the Canadian Federal System; and
- Second - by making some specific suggestions for the reform of the present system, in order to clarify the division of responsibilities, to equalize financial capacity for delivery and to maximize public accountability for both policy development and expenditures on human services.

One starting point is the need to change our perception of the role of government in a post-industrial society. By post-industrial society, I mean a society that is characterized by three dominant factors:

- urbanization, where the majority of Canadians live in large urban centres;
- service-oriented, where employment in service industries is in excess of 60 per cent of total employment; and
- high-level technology, where communications and other sophisticated science-based technologies significantly alter the structure of institutions in our society.

In the nineteenth century, the industrial revolution had an enormous impact on Western societies. Industrialization created a new economic and social system that virtually destroyed the existing institutional base of society.

In order to meet the needs of the new industrial world, government was forced to intervene in the economic process to regulate and control private business, to redistribute incomes, to provide a range of social and health services, and to build and manage an extensive educational system.

Today, a new society - a post-industrial society - is emerging, and the same process of change in institutions is at work. New economic institutions - the multi-national corporations - operate beyond the control of individual nation states. The privacy of the individual is threatened by the potential of electronic and other forms of surveillance. Government intervention into all aspects of our lives is seen as a threat to freedom. Once again, the role and purpose of government have become a central political issue.

Changes in the role of government, and the public perception of that role, do not come about automatically. Indeed, the history of the 19th century and the early 20th century can be seen as a period of intense debate and conflict over the role government should play in an industrial world.

Without getting into the niceties of the intellectual debates that marked the shift in the perception of government, it is sufficient to note the unprecedented impact of Marx and the European socialists.

Building on the foundation of the Judaic-Christian tradition of brotherhood, the Marxists argued and fought for a transformation of the economic system from private to public ownership through revolution.

In Canada, our perception of the role of government in a changing world was tempered by a series of factors that mitigated conflict. First, as a relatively rural society, the problems associated with industrialism did not affect the majority of our

citizens until the mid-twentieth century. Second, our intellectuals were influenced more by the moderate approach of the Fabians and the British Labour Party than the more militant Marxist/Leninist tradition. Third, the social reformers had a deep religious commitment. It is not surprising, therefore, that the first leader of the Canadian Socialist Party, the C.C.F., was J. S. Woodsworth.

Probably most important in tracing the development of the change in perception of government in Canada was the timing of industrialization. The real shift in the economic base of Canada from agriculture to secondary manufacturing came during and after the Second World War. The experience of the depression, and the unquestioned success of the federal government in managing the national economy during the war, led to a general acceptance of the principle of government's intervention in the economy to maintain full employment. The Keynesian revolution had arrived.

Once the idea was accepted that government could, and should, direct the national economy through fiscal and monetary policy, the corollary of government intervention, through the adoption of social welfare policies, was more easily realized.

It would be a mistake, however, to assume that the introduction of the social welfare system was based on any consistent or comprehensive social theory that was espoused by the two major political parties in Canada. The development of social policy was based on the pragmatic response to specific needs.

Policy, to a very large extent, was evolved after the fact - to rationalize decisions made on particular programs to meet a particular problem, within a particular set of political dynamics.

If there is a problem of coordination of human services, its root can be found in the absence of a clearly articulated and agreed upon philosophy of the role of government in the delivery of human services. And this failure to achieve a consensus persists today. Though few would argue a return to laissez-faire in the economic system, many reject the comprehensive social welfare system that has emerged over the past thirty years.

The absence of a philosophy of government's role in human services frustrates the student of social policy development. The intellectual paradigm of theory - policy - program - evaluation, when applied to the evolution of social policy in Canada, breaks down because this highly rational approach does not take into account the reality of political power in a federal state.

To understand where we are today, and how we got here and where we are going, we must adopt a different approach. We have to look at the interplay of two political actors - the federal government and the provinces.

The Constitutional Reality

The British North America Act is the constitution of Canada. The Act sets out the division of powers between two levels of government in Canada - the federal and provincial governments. Section 91 of The Act gives a general grant of power to the federal government under the "peace, order, and good government" Clause, and establishes certain other specific powers that are solely federal. The intent of The Act, as most constitutional historians will attest, was to establish a strong central government with residual powers.

The provinces, under Section 92, were limited in jurisdiction to specific grants of power. These, in the main, were considered secondary to the general powers assigned to the federal government.

As with all legal documents, however, The Act was subject to interpretation. And the series of Privy Council and Canadian Supreme Court decisions had the effect of turning The Act on its head. The general powers of the federal government were deemed to apply only to periods of national emergency, and the federal government was restricted to the specific powers set out in Section 91. These included the criminal code and, particularly, general powers of taxation.

The court decisions tended to emphasize "property and civil rights", a provincial power under The Act. This became the residual Clause in the constitution. On the other hand, the provincial taxation powers were limited to "direct taxes", or taxes collected directly from persons. These include property and income taxes, sales taxes, but exclude customs and excise taxes.

In addition, provinces were assigned general responsibilities in the fields of health, education, and welfare. This division of powers established in 1867 should be viewed in its historical context. At that time, provincial involvement in the human services was limited.

- Education was primarily a local function provided by local school authorities.
- Higher education was provided by church-affiliated colleges.
- Hospitals were provided at the local community level.

- Public Welfare - relief - was a local government function and provided primarily through charitable groups or churches.
- Public health was deemed to be a local function.
- Homes for the aged were a function of the county.

In short, provincial responsibility for what are now the human services was not seen as a major function of government. It followed, therefore, that the tax base of the provinces and their local authorities, the municipalities and school boards, could be limited.

Remember that, in the 1870's, the importance of the income and sales taxes was not appreciated. In fact, at the time, the direct tax was the tax on real property.

The British North America Act, therefore, was devised to meet the needs of a Canada of the 1870's. After more than one hundred years, the basic allocation of functions and revenues has no relationship to the demands placed on government today. The system is out of balance.

The Depression Reality

The virtual collapse of the Canadian federal system during the depression highlighted the constitutional problem. The provincial/municipal level was totally incapable of meeting the increased demand for government services - particularly welfare payments - on the existing revenue base. The system was not designed to deal with massive unemployment and the attendant social and health problems.

The search for a new deal led to the creation of The Rowell-Sirois Commission. This Commission carried out the first indepth examination of the Canadian federal system.

The Commission identified the central problem of Canadian Federation as the imbalance between the revenues and responsibilities of the two levels of government in Canada.

Solving the Problem

Before any action could be taken to resolve the problem of imbalance, the war intervened. By 1944, the federal government, having made the commitment to maintain full employment and conscious of its ability to manage the economy, proposed a new federalism for Canada at the Reconstruction Conference.

In 1941, the Constitution had been amended to allow the federal government to introduce unemployment insurance.

In 1944, the federal government proposed a new package. It stated its intention to manage the economy in the White Paper on income and employment. It offered to introduce a massive health program, and it set up the C.M.H.C. to provide federal funds for housing. In return for its health initiative, the federal government proposed that the provinces give the federal government exclusive rights to the direct tax field - personal and corporate income taxes and succession duties.

The original proposals were not acceptable to two provinces - Ontario and Quebec. As a result, the health program was dropped for the time being.

The importance of the conference, however, was not whether it succeeded or failed. It was in the development of a new style of federalism based on consultation between the federal and provincial governments.

Though federal-provincial conferences were not a new phenomenon in Canadian politics, they began to emerge as a political process of crucial importance in the

evolution of Canadian federalism.

It was the device of the federal/provincial conference that was used to find the solution to the imbalance of revenues and responsibilities.

The basic solution that evolved over the 1950's and 1960's was to use the taxing powers of the federal government to raise the revenues needed to provide human services, and this revenue was passed down to the provinces through two basic programs - equalization and shared cost programs.

The political advantages of the system were:

- First: The provincial governments obtained the revenues needed to fund expensive human service programs.
- Second: The federal government, through its ultimate control of funding, could achieve basic national standards.
- Third: The system was flexible, thus allowing the two levels of government to achieve their objectives without the necessity of constitutional reform. It should be pointed out, however, that a constitutional amendment was required to bring in the Canada Pension Plan.
- Fourth: It kept the whole question of the division of responsibilities out of the courts and in the hands of the politicians.

There are, however, several disadvantages to the system of federal/provincial conferences:

- First: It enhances the power, prestige, and visibility of the executive (cabinet) at the expense of the legislatures at both the federal and provincial levels.

Second: It concentrates power in the hands of federal and provincial politicians and bureaucrats, leaving local government totally out of the action.

Third: It leads to rule by political deal rather than rule by law.

Fourth: It papers over the deep fissures in the Canadian political system by ignoring the need for basic reform of the fiscal system.

In the long run, the solution to the problem of imbalance between revenues and responsibilities that has evolved over the past thirty years will fail. The system is now under pressure because the patch-work of agreements has not responded to changing needs of a changing society. It has resulted in excessive costs, particularly administrative overhead costs, and does not provide adequately for accountability or need. It leads to excessive bureaucratic regulation. It reflects the desire to accommodate limited political trade-offs while ignoring basic human problems. It creates the situation we face in Metropolitan Toronto today - a veritable jurisdictional jungle where everyone agrees on the need for coordination of service - but no one agency or government can achieve that end.

A New Approach

If the criticism of the existing solution to the imbalance between revenues and responsibilities is valid - then a new approach to the problem is needed.

It must be recognized, as a starting point, that Canada is a highly diverse nation with deeply rooted regional and cultural divisions. It is virtually impossible to conceive of any solution based on the transfer of responsibility for human services to the national government as being acceptable to all Canadians. This solution is obviously not in accord with the perception of the Government of Quebec and its special

position in confederation. I doubt whether it would be acceptable to a majority of the other provinces.

But, if Canada is to exist as a country, then Canadian citizenship must confer upon its citizens certain rights, including the right of access to a minimum level of basic human services, regardless of place of residence.

The traditional answer to this problem has been the establishment of national standards through the use of shared cost programs. The problem, however, is that the achievement of these standards is related to the financial ability of the provinces to raise their share of the money needed to finance the programs. If standards are low, wide differences in level of services will be found as the richer provinces can afford higher than minimum national standards. If set too high, the poorer provinces find it impossible to finance their share and carry out their other responsibilities.

The first problem, therefore, is to find a method of establishing reasonable standards of service, and, at the same time, ensuring some measure of financial equality among the provinces of Canada.

It is feasible to turn the issue around and postulate a different set of questions. Would there be a marked discrepancy in the level of services provided across Canada, if there were no nationally imposed standards, and if each provincial government had adequate revenues available for expenditures on human services?

In other words, if you ensured that the level of financial resources was equalized at the provincial level, would not the standards and levels of service tend to equalize? I submit that the discrepancy that existed in the past, and continues to exist today, is

fundamentally the result of the inadequate financial resources of the "have not" provinces. It follows, therefore, that the federal government need not concern itself with insisting on national standards, but should concentrate on the equalization of provincial revenues in support of human services.

The significant advantage of this approach, in my view, is that it can be achieved without constitutional reform. It puts responsibility for provision of human services, and therefore accountability, where it belongs - on the provincial governments. It eliminates the unnecessary bureaucratic maze of shared cost programs. It leaves the essential taxation powers with the national government, and the transfers are based on an equalization formula designed to offset the existing variations in personal and corporate income and resource revenues across Canada.

There is a significant caveat that should be mentioned at this point. In suggesting that there should be a limited federal involvement in human service programs, I would not accept the proposition that the federal government has no role to play in the redistribution of income to individuals and families. In my view, some form of comprehensive, national system for income redistribution is needed in Canada. This, it seems to me, is a primary function of the federal government.

My comments refer to the myriad of shared cost programs that underpin education, health, and social service programs carried out at the provincial/municipal level.

If it is agreed that the fundamental responsibility for the delivery of human services should be vested with the provincial government, and that, through equalization payments, each province has access to the necessary funds to carry out its responsibilities, then the question is how these programs should be carried out by

the Province.

In several of the Canadian provinces, it is obvious that a centralized, provincially administered, system is desirable. The scale of operation, both in terms of population and geography, suggests that the province can take full responsibility and achieve a reasonable degree of economic efficiency and public involvement.

In Ontario, however, several factors suggest that the provincial delivery model is inappropriate:

- First: The most obvious factor mitigating against a provincial system for delivery is size - both geographic and population. Just as Canada is made up of diverse regions with different needs and problems, so is Ontario. It makes sense, therefore, to consider a much more decentralized delivery system.
- Second: Local government in Ontario has a history of successful involvement in human services. Unlike many other provinces, Ontario has had a long tradition of strong local government. It seems to me that we should build on this foundation.
- Third: The great weakness of local government in Canada has been the multiplicity of units and the growth of special purpose authorities to overcome the inadequacies of local government boundaries. In Ontario, however, local government has been reformed, or is in the process of being reformed, to meet the needs imposed by urbanization. The existence of regional or metropolitan governments creates an opportunity for decentralized delivery at the local level that simply does not exist to the same extent in other provinces.

The existence of regional government, and more particularly Metropolitan Toronto, provides the Province of Ontario with an unparalleled opportunity to achieve a breakthrough in achieving coordination of human services. In 1953, the Province created Metropolitan Toronto to accomplish two specific objectives. The first was to coordinate, in a comprehensive manner, the development of the essential physical infrastructure to accommodate urban growth in the area around the City of Toronto. The second purpose was to create a system that would be capable of financing the heavy capital costs associated with this development on the assessment base of the whole region.

Today, the job of infrastructure development is reaching completion. The combined capital and current budgets of all agencies of local government in Metropolitan Toronto now approach \$2 billion. About one-fifth of this total amount is for capital purposes; the remainder goes for current or operating expenditures.

The primary problem of government, at the local level, is now provision of services to people - police, transit, health, education, recreation, and social services. This is the emerging role of local government. This is the fact of life at the local government level in an urbanized Metropolitan Toronto.

It seems to me that this fact must be recognized by the Province and that the role of Metropolitan Toronto and its constituent area municipalities should be changed to give these agencies of government primary responsibility to shape policy and develop delivery mechanisms on a coordinated basis to meet the needs of the people of Metropolitan Toronto.

To achieve this end, provincial responsibility for delivery of the whole range of human services should be assigned, in the first instance, to Metropolitan Toronto.

To ensure equality of standards, the province might consider making whatever standards of service it now applies mandatory, although, in my view, this is unnecessary. This would establish minimum service delivery standards and create the base for the development of coordinated service delivery within Metropolitan Toronto.

It does not follow, however, that Metropolitan Council would be responsible for the delivery of all services. This follows the principle established in the hard services, where Metro is the wholesaler of water, builds and maintains arterial roads or regional parks, leaving the operation of local services to the area municipalities. The same concept of shared responsibility can be applied to the delivery of human services.

It seems to me that the present concept of regional government as developed in Ontario is essentially sterile. It sees the upper or regional tier as essentially a municipality that shares the traditional municipal functions with its constituent area municipalities. If, however, the regional government was given powers now vested in the Province, particularly in the field of human services, we have the opportunity of revitalizing the whole system of government in this Province.

Power and responsibility would be transferred down to a level of government that is responsible and directly accountable to the people it serves. There would be provision for flexibility, so that the area municipalities would be able to discharge responsibilities for as wide a range of services as possible, giving full consideration for administrative costs and efficiency. The tax burden would be equalized through the direct involvement of the regional level in the financing of area-wide services.

Any major shift in responsibilities from the provincial government to Metropolitan Toronto and its area municipalities must be accompanied by fiscal reform. If

the municipalities are to become simply the administrative agents of the province, controlled through regulations under cost-sharing arrangements, no real local accountability can be achieved. Local government should be given the power to make policy decisions. They should not be rigidly bound by provincial controls. Thus, funding of local services must be removed from the straight-jacket of conditional grants.

While I, personally, prefer the introduction of tax-sharing as the primary solution to fiscal reform, at a minimum, provincial transfers should be deconditionalized on a block funding basis.

At the start of this paper, I said that I wanted to do two things - look at the constitutional and financial barriers to effect coordination of service at the Metropolitan level and to suggest a solution. I believe that the constitutional division of powers, establishing the province as the primary agency for delivery of human services is sound.

The problem of financial imbalance can be rectified through the full utilization of equalization to ensure the provinces have adequate resources to meet their constitutional responsibilities.

The question then becomes how the province organizes itself to carry out its responsibilities.

I have suggested that, in Ontario, the province should assign its responsibility for service delivery to the regional governments. Then, and only then, can an effective, coordinated system of delivery be developed that responds effectively to individual and community needs and requirements.

III. DEVELOPING A MUNICIPAL FRAMEWORK
 FOR COORDINATION

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PRIORITIES OF COORDINATION

The proceedings of the Royal Commission on Metropolitan Toronto have served to highlight the confused state of human services in the municipal sector. Through conferences, background reports, briefs to the Commission the absence of a human services framework has become evident.

These insights are not new. There is a growing literature, developed in the last fifteen years, which describes the uncoordinated state of service provision in North America, and elsewhere. The themes of "fragmentation", "duplication", "inaccessability" are known to most who function in the field. Nor are the reasons for this situation hard to discern. During the last fifteen years the scope of public involvement in the provision of health, social services, education, and recreation has grown immensely. Human services now represent nearly two-thirds of all Ontario spending, and of all municipal sector spending in Metropolitan Toronto. In actual dollar terms this represents over one and one-quarter billion dollars worth of spending by both levels annually in Metropolitan Toronto. This does not include capital spending required to build facilities such as hospitals, schools, day care centers, arenas, and so forth.

The growth to which we refer has not been orderly. The rapid pace at which new programs were introduced - Medicare, Canada Assistance Plan, vocational schools, Local Initiatives Program - had most people concerned with developing specific services. The sixties and early seventies were periods when the public sense of responsibility for the social well-being of people came to mature. New programs generally sought to universalize access to essential benefits such as health and vocational training, or

alternatively, focused increased benefits such as day care, homemaking services on disadvantaged populations.

Much of this spending was redistributive, taxing those with means to create a floor of social entitlements for the general population.

The problem with this level of spending was that the public sector was unprepared to deal with it. Many current structures in the human services field - hospitals, Children's Aid Societies, universities - were absorbed from the private sector. The role of the public sector tended to be one of regulation and capital support. Notable exceptions were the public schools, public health activities, and local parks. These, however, were viewed more as specialized services with a specific focus. The acknowledged centers of responsibility for social well-being were under private auspices.

At present four levels of government, each with specialized sets of departments and agencies, operate independently in the urban environment. Public human service mandates tend to be defined in relationship to categories of need, and the skills required to service those needs. Further complicating the set-up is the fact that the province does not possess a sufficient revenue base with which to finance its constitutionally mandated responsibilities in social welfare and health. Consequently Ontario has required federal revenue with which to fund its human services. Federal support has come in the form of cost-sharing arrangements, many with restricting conditions on how programs shall be developed. Criticism of the federal level has been on the grounds that highly prescriptive national standards are not sufficiently flexible to incorporate variations in provincial priorities and needs.

It should be noted that Ontario, in turn, has instituted the same set of restrictive cost-sharing arrangements with municipalities which it abhors in its federal

relations. Many would contend that conditional transfers from Queen's Park have reduced municipal bodies to an administrative arm of the province in the provision of human services.

What emerges is a pattern where each of the senior government levels doubts the ability of the level immediately below it to spend public dollars wisely. Nor do these beliefs end at the doorstep of senior government levels. One has heard advocates of metropolitan amalgamation doubt the ability of area municipal councils to have major responsibilities in the human services. And recently, in response to recommendations from the City of Toronto's Neighbourhood Services Work Group, certain area municipal aldermen introduced the same spectre of apprehension and horror at the prospect of community boards having some role in formulating the use of community service dollars.

Implicit in these layers of reservation is the belief that larger governing units possess an inherent capability to more wisely allocate the use of public dollars. There is little evidence to substantiate such assumptions, certainly with respect to human services. Many of the current forms of service provision - community centers, early childhood services, hospitals - were initiated by small groups of committed citizens and service workers. Senior levels of government became involved when we sought to universalize these forms and make their benefits accessible to the general population. But the initiative and imagination has in general come from smaller units of people, with an awareness of social conditions in the community.

As senior government levels came to financially absorb more and more responsibility for human services, the origin of what they absorbed was soon forgotten. It was even possible to believe that the imagination and awareness required to allocate resources for the design of effective programs was always at Queen's Park, or in Ottawa. Hence the

tendency to centralize the control of resources governing the provision of human services.

Ontario has not escaped these tendencies. If anything, the introduction of corporate management techniques through the COGP process has intensified the drift to centralization. An impersonal and invisible group of technocrats have emerged in the shadows of the Management Board. Armed with multi-year forecasts and possessed of an unflinching faith in unit cost auditing, this cadre of corporate managers have become the effective center of human services planning in Ontario. Not only is local autonomy eroded, but provincial line departments have seen their authority reduced in the allocation of resources. This was noted in the Gardner Report for the Ontario Task Force on Community and Social Services in 1973 (page 59):

"There would appear recently to have been a tendency on the part of Management Board to examine grant expenditures more closely. Whatever the reason, be it general shortages of funds or desire for co-ordination, this vigilance is, of course, a centralizing factor in decision-making and can frustrate the attempts of ministries to decentralize."

The same report also cites the arbitrary manner in which provincial social programs are formulated, aborting efforts to consult and coordinate with community agencies.

Centralization by the provincial government has not resulted in the more effective coordination of human services. The Social Policy Secretariat has been a conspicuous failure; both opposition parties question the value of its continued existence. Efforts to create inter-ministerial policy planning have not been noted for their success. This is evident in the areas of:

- consolidating residential care programs which are currently spread across a number of ministries
- formulating a nutrition policy for Ontario in support of a health promotion strategy

- developing an effective approach for prevention in the promotion of child welfare, and in preserving the social stability of family life in the community; this is most evident in relation to the rapidly deteriorating social conditions of women and children in mother-led families
- establishing a minimum level of psychiatric after-care resources in the community
- seriously implementing the policy for integrating the mentally-retarded into the community
- moving to create a regional social data capability for human services planning and evaluation.

Justifying centralized management of human service resources on the grounds that it has put a lid on public spending is just not good enough. Few taxpayers of any political persuasion are for wasteful spending by government. But merely placing an arbitrary set of ceilings on current expenditure levels does not guarantee the taxpayers of Ontario that waste has been eliminated and productivity improved. For even with the current set of ceilings over one billion dollars will be spent on human services in Metropolitan Toronto.

The public is entitled to re-assurance that the framework for this spending is sound; that there are integrated social policy objectives governing the formulation of public spending priorities; that the structures through which public services are offered do not frustrate the implementation of policy objectives; and most important of all, that citizens can understand what service spending is about, and who is responsible for effectively responding to their concerns.

It has been suggested that the state of disarray in the current framework for human services has all but removed most forms of public spending from the process of democratic accountability. Multi-level forms of cost-sharing blur the lines with respect to responsibility. Most of the arenas in which different government levels discuss social policy objectives are closed to public scrutiny and input. A plethora of advisory groups and special purpose bodies relate to individual ministries and departments. Yet, in all these deliberations, there is no visible public structure, or set of structures, with mandated responsibilities to assess the cumulative impact of service spending, and forms of provision. Needs are currently examined in isolation from the total social environment in which people live, and often work.

It is a major assumption of this paper, and this conference, that local government in Metropolitan Toronto is the most appropriate public level through which to formulate an integrated pattern of spending on human services. It is a level of government whose deliberations are most open and accessible to the citizens of the community. The municipal sector, through the provisions of the Municipal Planning Act, is mandated to review, regulate, and promote the well-being of the urban environment. The adequate and effective provision of human services are a critical component in preserving and enhancing the quality of urban living; just as critical as public transportation policies, densities, zoning, and protective services.

The scope of human services spending for the two and one-half million people of Metropolitan Toronto is too complex, and too important, to be left to invisible and insensitive centers of planning, deeply buried in the senior echelons of the provincial government.

WE WOULD CONSIDER THE DEVELOPMENT OF A MUNICIPAL SECTOR CAPABILITY TO FORMULATE AN INTEGRATED PATTERN OF HUMAN SERVICES SPENDING TO BE A MAJOR PRIORITY IN REDESIGNING THE STRUCTURES AND FUNCTIONS OF URBAN GOVERNMENT IN METROPOLITAN TORONTO.

At the user end of the spectrum, the system is equally incoherent; less so with highly specialized institutions whose purposes and function are generally known. Such services include schools, hospitals, and libraries.

It is with non-institutional programs, which we will refer to as community services, that enormous difficulties exist. Community services can be defined as those programs which are offered to people in relation to where they live. Such services include day care, family counselling, public health nursing, recreation, child protection and prevention programs, senior citizen centers, community health clinics, legal aid, tenant relations, information services. The objectives underlying these programs are to:

- (a) help people overcome problems which are associated with daily living.
- (b) facilitate people's access to more specialized services when these are required.
- (c) assist individuals and families to remain in the community, and thereby diminish the need for institutional care
- (d) improve the social patterns and amenities of the living environment, and thereby reduce the potential incidence of need.

Community services which are supported through the public sector are not presently organized in a manner designed to achieve these objectives. Few community services share

common sets of boundaries for their programs. As a result there is little sense of relating to a common living environment. The sheer number of programs operating under separate identities makes it fairly difficult for people to know what exists, and what these programs offer. Each separate service structure defines its own sphere of responsibility. In an environment where each program has a specialized, and thereby limited, responsibility to people, it is hard to know who is responsible for what is missing. Because there is no focus to responsibility, in both a visible position and a visible structure, there is no rationality governing the introduction of new services. And where many community services have acquired a clinical or protective style, people are fearful and reticent to use them.

This is evident in cultural sentiments such as "if I speak to the school social worker they will brand my child a problem", or "Children's Aid is a child-snatching agency", or with respect to the public health nurse "if you let them in, they won't get off your back".

Where such sentiments exist, people will be reticent to express anxieties and concerns arising from the experiences of daily living; it is costly to the community when these anxieties must become serious problems for people to feel comfortable initiating service relationships.

The existence of separate organizations in the community service field, limits the availability of skills that an individual service worker can call on. Referrals are very costly exercises. There is ample evidence that large numbers of people do not successfully complete referrals. Either the service referred to is inappropriate, or the delay and difficulty in receiving support makes people despondent.

The importance of an effective community services capability in the public sector cannot be overemphasized. Community services frequently represent the first point of contact between large numbers of people and human services. If the current framework governing initial relationships with human services is ill-conceived and poorly organized, the implications can be serious for the general community.

It can mean that specialized institutions, costly to maintain, are over-used by people to gain entry into the human services. This is currently the case with out-patient services of general hospitals. A large percentage of police work is consumed by social service requests, because people don't sense whom they should turn to. It is also reflected in the way that local school principals and teachers have been increasingly compelled to assume social welfare and community development roles in their communities. There is currently growing sentiment which believes that school personnel should revert to placing primary attention on their specialized mandate to provide quality instruction for the young.

An ineffective community services framework also limits the ability to sustain people in the community, and thereby reduce the need for more costly forms of institutional care. The difficulties experienced in establishing residential centers in local areas, reflect the weakness of current arrangements. It is also quite expensive when each specialized program has to develop its own independent capability to integrate its people into local areas. This is currently the case with community mental health workers; school-community relations workers; Family Benefits, OHC, and Addiction Research community workers; Part II planners; family service and child protection workers. It is questionable whether community integration is best achieved through a series of independent community development efforts in local areas.

An ineffective framework means that problems fester and later require more costly forms of human service care. Lack of adequate resources for parents of children under three, is later reflected as expenses for education and treatment institutions. The absence of support for the erratic and confusing period of adolescence might mean more costly correction and welfare problems later on. Where support to promote sound race relations does not exist, the pattern of community deterioration which can develop is well-known.

What Marc Lalonde recently identified as the community life-style in service provision represents a new sense of how people are really helped. Community services are now seen to be an integral part of the environment in which people live, and so are the people they serve. This view is coming to have major implications for groups such as the aged; the emotionally distressed; the retarded, blind, and physically handicapped; minor offenders; unwed mothers; children from unstable homes; the convalescing; the addicted, and so forth. If these groups are entitled and able to be participating members of a normal social environment, then the sense of what constitutes self-sufficiency is indeed expanding.

In such a view (which we will designate a normative perspective of daily living) stress, concerns, anxieties, and limited disabilities are common to most of us. It is not a sign of inadequacy, "illness", problem, or inability to function, if most of us periodically require some form of support to make it through the experiences of daily living. Nor do we wish to be clinically defined in seeking such support. For community services to perform this role, they must come to be perceived as visible and

natural elements of a community. Not hidden away in intimidating office buildings, behind foreboding counters and reception desks. It is hardly surprising that the emergence of a community style to service provision has been accompanied by the increased use of storefronts as service settings. A storefront symbolizes normalcy; it becomes as natural to seek a service in such a setting as it is to visit the grocery, drugstore, laundromat, or hardware store that might be located on the same street, or in the same plaza.

This author is hardly excited by recent efforts to pursue coordination through a space consolidation approach, known as multi-service centers. Reinstitutionalizing the settings from which community services are offered, even if these new bureaucracies are now neighbourhood-based, is both a mis-reading of the current problem and counter-productive to a normative perspective of service provision.

Community services belong in the community, not isolated and removed from the natural settings in which people move. Isolation and removal are what characterize institutional care, or "problem" space. Natural settings include stores, schools, libraries, parks, supermarkets, drugstores, and residences. If visibility and access are goals of the multi-service center approach, then there are more effective ways to achieve these objectives. The market sector long ago recognized the value of common visual identities - i.e. a corporate logo - in promoting ease and simplicity of recognition. This approach can be combined with coherent consumer-oriented guides to community services delivered door-to-door; not too dissimilar from the ways in which publications like "Toronto Calendar" and "Toronto Life" unravel the mysteries of where

leisure resources are located, and what you might experience if you use them.

The problem of coordination from a user perspective rests in the current pattern of service relationships. If you don't know which service workers are appropriate to your needs for support, if you are defined as socially ill when support is requested, and, most importantly, if there is no one person and group which accepts full responsibility for your needs (in contrast to giving addresses and telephone numbers), then it will be extremely difficult to receive appropriate services.

Full responsibility refers to the capacity of a community service source to respond effectively to the range of support which people require. It therefore also refers to the structures and forms through which community services are organized. In a problem-oriented perspective community service skills and resources are encapsulated in separate administrative structures. There is little common sense of purpose, acknowledgement of people served, or deployment of skills in such an arrangement. Nor is there a clear center of responsibility, in the manner that a school principal is clearly understood to be responsible for the use of educational resources in a local community.

In an effective community services framework not everyone need be a generalist, nor operate out of one common location. But a "team" concept would exist - the skills constituting a community services capability out of the public sector would be visibly located in, and accessible through, one local structure, with an effective person of responsibility at the top. This approach can be referred to as a service integration strategy, with the local structure containing the requisite set of community service skills called a "DISTRICT COMMUNITY SERVICES UNIT". Through a unit structure the design of any number of community service teams are made possible. The person of responsibility at the top

would be designated a "DISTRICT COMMUNITY SERVICES MANAGER."

WE WOULD CONSIDER THE DEVELOPMENT OF AN EFFECTIVE COMMUNITY SERVICES CAPABILITY IN THE MUNICIPAL SECTOR TO BE A SECOND MAJOR PRIORITY IN REDESIGNING THE STRUCTURES AND FUNCTIONS OF LOCAL GOVERNMENT IN METROPOLITAN TORONTO.

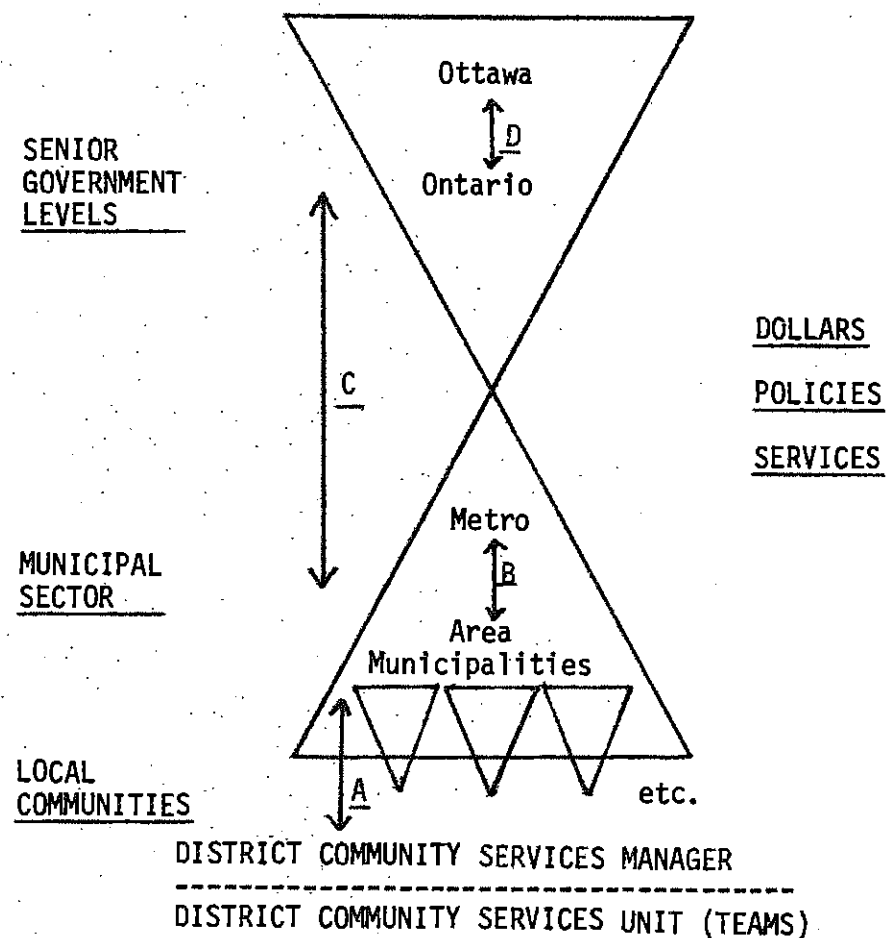
Chart number 1 - "Overview of Major Coordination Issues" - summarizes the sets of relationships involved in formulating a framework for human services coordination. It is clear that issues "A", "B", and "C" are clearly in the domain of the Royal Commission on Metropolitan Toronto; and certainly the Commission can have opinions on how the current state of issue "D" creates difficulties in resolving the first three issues.

Issues "A", "B", and "C" are closely inter-related. Without a rational and coherent division of responsibilities between the two municipal tiers, and special purpose bodies, issue "B", it will be difficult to arrive at the objective cited in issue "A". Separate departments, even within the same level of government, frequently experience difficulty in combining their respective efforts.

The satisfactory resolution of issues "A" and "B" are critical in the ability of the municipal sector to formulate effective social policy proposals to senior levels, issue "C".

In an urban environment such as Metropolitan Toronto, with its rich variety of people and social conditions, no one body or group of people can possibly formulate sensitive and responsible spending priorities. There is a need to develop specialized forms of input from a variety of sources - local communities, area municipal councils, special purpose service providers, and special purpose policy review groups. The challenge in

Chart No. 1 - OVERVIEW OF MAJOR COORDINATION ISSUES

ISSUES

- A How do we achieve core integration at a district level in the provision and planning of community services supported through the municipal sector.....
- B What are the appropriate sets of relationships between the two municipal tiers, and special purpose bodies, in the coordinated planning, budget review, and the delivery of human services in Metropolitan Toronto
- C How do we develop a visible and integrated process of exchange between senior government levels and the municipal sector in reviewing patterns of social need, and in setting priorities on the most effective use of tax dollars in designing human service responses
- D What are the appropriate divisions of responsibilities between the federal and provincial levels in formulating policies and prescribing the allocation of resources for human services

proposing new arrangements is to ensure that varied sources of input and review have a rational set of mandates, and that these mandates inter-relate effectively.

It might be important to note which areas are not perceived as priorities of coordination at this time, and why. These include:

(a) the form and management of highly institutional centres of service provision.

These human services - such as hospitals, schools, homes for the aged - tend already to be centres in which skills and technology are integrated. Concerns with these services are that they not be expected to perform functions inappropriate to their forms because of breakdowns elsewhere; that the objectives governing their spending cohere with the community social policy objectives; that there not be undue difficulty in securing entry to those services, as is currently the case with referrals by social service groups to psychiatric centres; that workable linkages exist between these centres and community service groups in a smoothly functioning continuum of care.

There is little evidence that where problems in these areas currently exist, they arise from inadequacies in the forms themselves, or from current management structures. It would appear to us that if the two priorities cited in this section were properly addressed, then the above stated concerns could be reasonably handled. It would therefore not appear appropriate or timely to pursue changes in the management structures of these institutions, as was undertaken through the adoption of Bill 65 in Quebec.

(b) the independent status of private agencies in the community.

Very often the phenomena of coordination is described in stark black and white terms; the categories of all or nothing prevail. The notion comes to develop that if integration

is required, then everything and everybody must be integrated, and most of what existed before, disappears.

It is neither necessary, nor desirable, for coordination to be viewed in such a simple way in order for us to develop a better state of service provision. Private agencies reflect a number of important traditions and values in our society. Firstly, they enable citizens of the community to take an active interest in the life of their community. Secondly, where such services are affinity-based, they do not duplicate but reflect the cultural diversity of the community, and the commitment of our society to the principles of pluralism.

In the Social Planning Council "Framework" report, affinity was cited as an important factor in some people's willingness to make use of a human service. It was defined as follows (page 106):

"Affinity is where potential users assess their state of personal identity with the provider, as a condition for using the service. Areas where affinity judgments are made often involve the more intimate areas of personal need. This would include family counselling, pre-natal support, child and youth socialization. Affinity factors can be the religious values of the provider, or lifestyle, or language environment. Affinity is the perception that a provider possesses a unique set of characteristics which are important to the consumer. If you integrate these characteristics with something else, the value to the consumer is lost."

Affinity-based services, this author would contend, do not duplicate public services. Some West-Indian, Catholic, and Jewish families will feel quite comfortable seeking support from public services; others will not. For those who are reticent, chances are they will not fully use public services. The existence of affinity-based services can ensure that

those who wouldn't be served to their satisfaction by the public sector, will receive adequate forms of support elsewhere.

There are important differences in the way public services are organized, in contrast to affinity-based services. Public services are programs directed to those who qualify from the total population. By virtue of the sheer numbers served, they can be organized in relation to different sections of the city (i.e. - geographic districts). Affinity-based services are less geographically oriented; they seek out those members of the general population with whom particular forms of affinity exist. Very often people sharing common affinities are clustered in certain parts of the city. Where this exists, fruitful relationships and public support can develop between publicly offered community services and affinity-based programs.

For private agencies which are not affinity-based, the issue is not their continued existence, but an appropriate set of functions to be performed with public dollars which would contribute to an integrated community services capability. In many instances it might mean modifying existing programs and focusing in particular areas; it could also mean acquiring new roles to perform. One would hope that this prospect would not prove too disconcerting. The value of private agencies which are not affinity-based rests in the social commitment of their members, and in their skills and developed experience. There is no reason, however, why their functions are necessarily fixed in perpetuity.

For the public sector, especially the municipal level, it is not the independent existence of private agencies which presents barriers to coordination, and core integration. It is where the responsibility to contract rests, and how this responsibility is exercised in pursuit of coordination and integration objectives.

PROPOSING NEW ARRANGEMENTS

In the Social Planning Council report "In Search of a Framework" the term framework was defined as (page 5):

"A set of mechanisms with a conferred authority to review and recommend on the coordinated response of human services to personal and social need".

Too often discussions of coordination have dwelt on the results people hope to achieve, with less emphasis placed on how to achieve these results. The belief has existed that cooperation and goodwill were sufficient to attain coordination.

Unfortunately this belief has proved to be naive; not because there is an absence of goodwill, but because reasonable people will often disagree on the ways to achieve reasonable objectives. It would be unfair to attribute narrow self-interest to such inabilities to agree; most people operating in the human service field possess a sincere interest and commitment to their particular area of endeavour.

But as a recently unreleased study by the Metro Toronto Hospital Council showed, when canvassing physicians' attitudes to a district health council, the type of work one performs, and the service setting where it is carried out often shapes one's larger perception of the service world. The same is true with service organizations, whether these are government departments or independent agencies. While these varied perceptions are useful in formulating service plans, coordination will never be possible, unless at some point talking ends and some structures, and some persons, have the authority to make decisions.

Authority means the ability to resolve differences, and the ability to enable

Chart No. 2 - CURRENT STATE OF HUMAN SERVICES REVIEW IN METROPOLITAN TORONTO

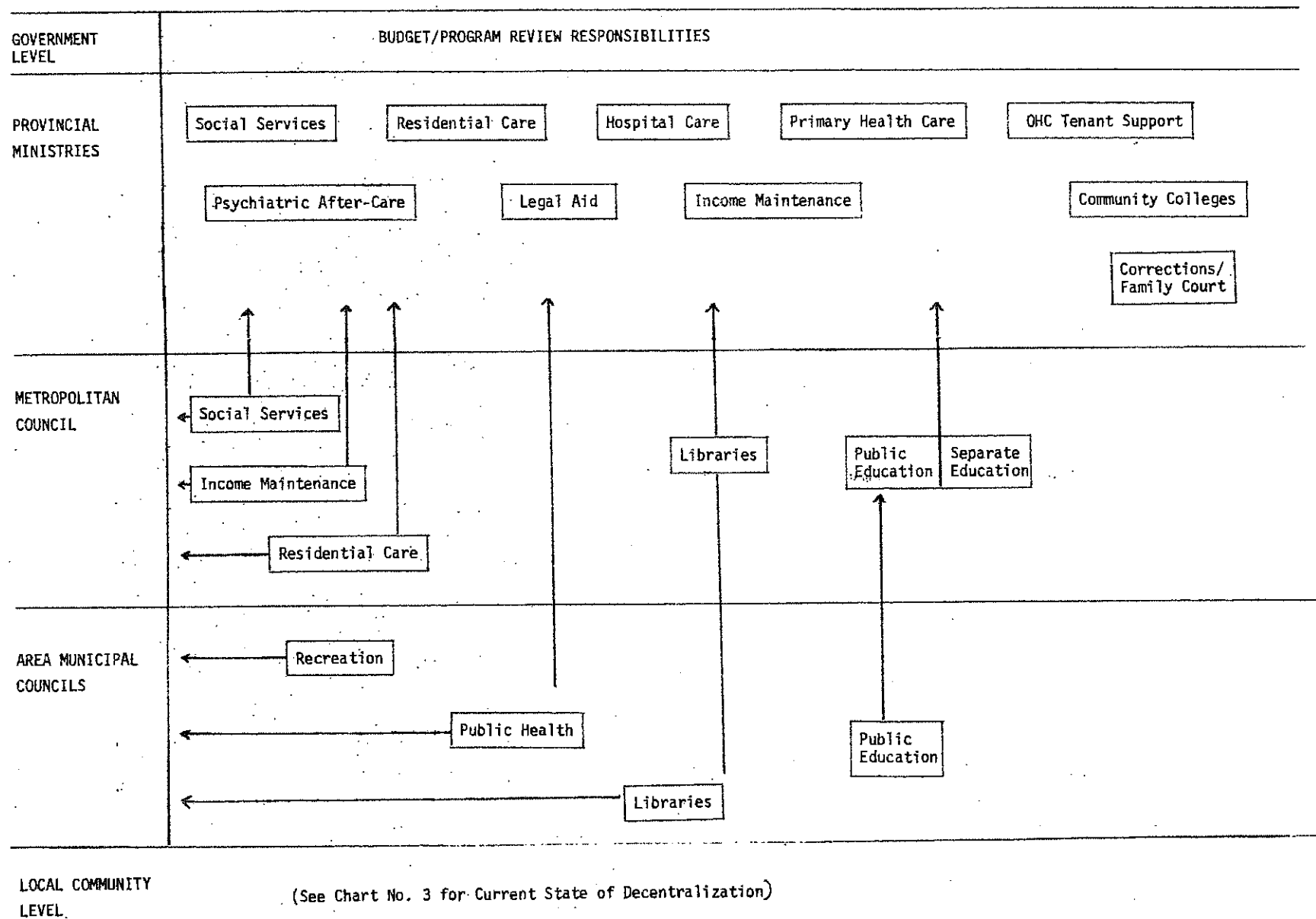


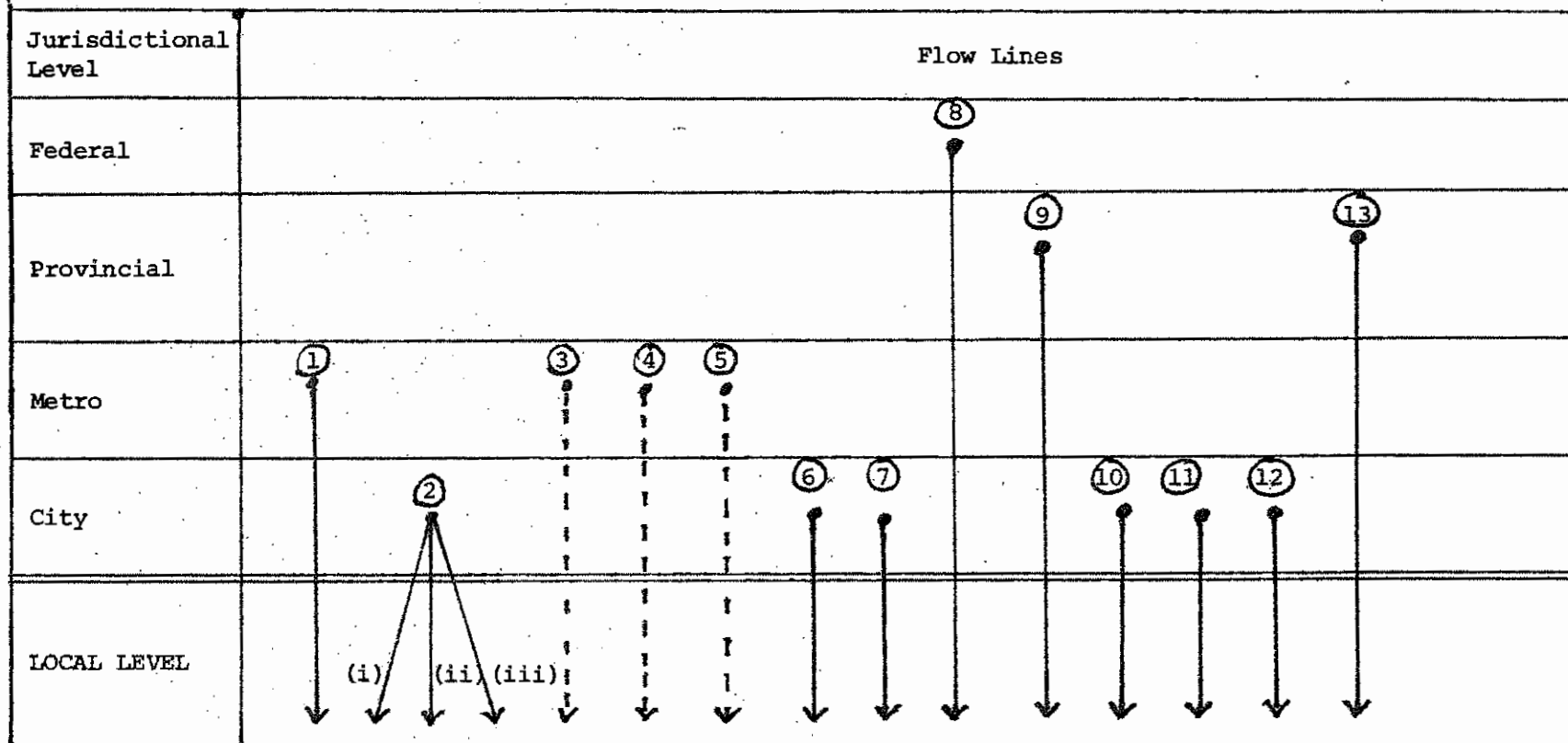
Chart 3

PRESENT PATTERNS OF COMMUNITY SERVICE DECENTRALIZATION INTO LOCAL AREAS

Legend: • Service Source (Funder and/or Provider)

—— Within Public Sector

---- Within Voluntary/Private Sector







Legend Detail: ① Metro Social Services Dept.-Community Service Centers ② Toronto Board of Education
 - (i) Parallel Use Committees (ii) Community School Committees (iii) School/Community Liaison Programs
 ③ Children's Aid Society - Branch Advisory Committees ④ Family Service Association - Regional Advisory Committees
 ⑤ YMCA Regional Service Boards ⑥ City Recreation Advisory Committees
 ⑦ Public Libraries District & Branch Advisory Committees ⑧ LIP Constituency Advisory Groups
 ⑨ OHC Tenant Advisory Committees ⑩ City Planning Part II Site Office Committees ⑪ City Development NIP Site Office Committees ⑫ City Community Centers Boards of Management ⑬ Legal Aid Clinics

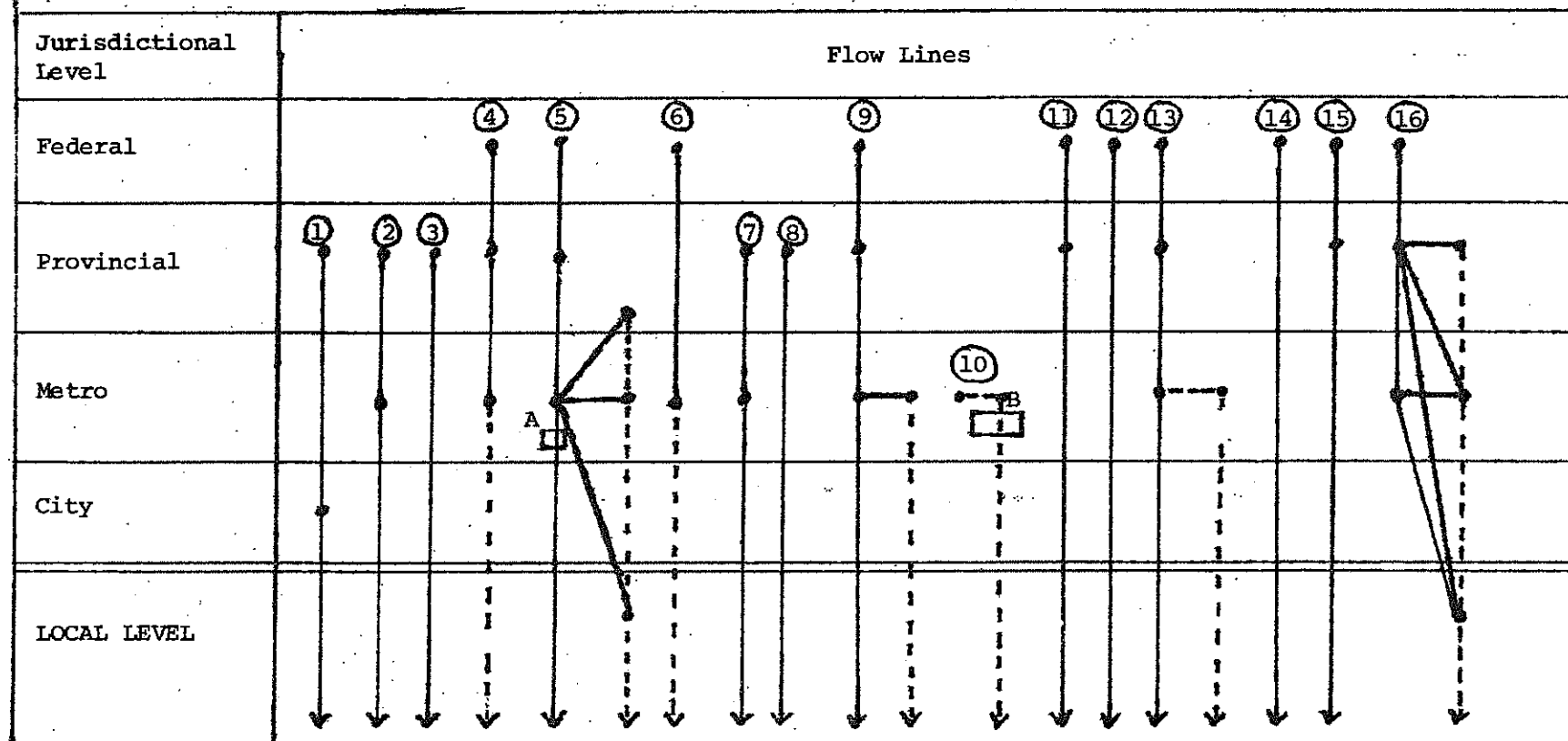
Source: "In Search of a Framework, Social Planning Council,
 1976, pg. 42

Chart 4


III-21


SERVICE FLOW ANALYSIS - FAMILY SUPPORT PROGRAMS

Legend:  Service Source (Funder and/or Provider)  Within Public Sector
 Municipal Review Mechanism  Within Voluntary/Private Sector



Legend Detail: ① Board of Education (public) - student services ② Board of Education (separate, special) - student services ③ Public Health Nurses ④ Children's Aid Societies ⑤ CAP Day Care Services ⑥ Hospitals - social service, out-patient psychiatric ⑦ Metro Police-general, youth bureau ⑧ Family Court counselling ⑨ CAP Family Support Services ⑩ Family service agencies, settlement houses, "Y" ⑪ OHCC Community Relations Workers ⑫ LIP Services - Day Care programs Child-Parent programs, residential centers, family support ⑬ Family homemaking services ⑭ Immigrant orientation and support: families ⑮ Legal aid counselling ⑯ Residential rehabilitation and treatment centres - families, children, youth

 Metro: Day Care Study Group

 United Way Allocations Review Committees - Family & Day Care Agencies

Source: "In Search of a Framework", Social Planning Council of Metropolitan Toronto, January 1976, pg. 23

integrated service objectives to be achieved. In the current state of arrangements authority is completely diffused. The centers of authority are unclear when it comes to formulating integrated patterns of spending; nor are there any clear centers of authority with the ability to develop an effective community services capability.

Charts number 2, 3, and 4 clearly demonstrate the diffuse state of the present arrangements.

Chart number 2 - "Current State of Human Services Review in Metropolitan Toronto" - identifies the provincially-focused patterns through which human service programs and budgets are presently reviewed.

Chart number 3 - "Present Patterns of Community Service Decentralization Into Local Areas" - shows how current community integration efforts merely reproduce the fragmentation at the top into local areas.

Chart number 4 - "Service Flow Analysis - Family Support Programs" - depicts the utter chaos in the way support programs for families are organized.

If a serious coordination capability in the public sector is to emerge, then some rearrangements become necessary. This is where the pain of coordination sets in. For while most people can agree with the principles and objectives of coordination, service administrators are reticent to see the domain or authority of their operations reduced.

Most attempts at coordination have sought to avoid the authority issue. Unfortunately where coordination is undertaken within existing arrangements, the results, not unexpectedly, are discouraging. York Community Services, the pilot multi-service experiment in Metropolitan Toronto, could not function where services were expected to regulate

themselves. Maurice Kelley's evaluation of the Halton Human Services Council (1976) arrives at a similar conclusion. Kelley states that either such a council is given the public mandate and authority to operate inside government, or it should become an advocacy organization from without. The Hanson Task Force on Community and Social Services (1973) also cited the need for centers of effective planning to possess a mandate and an authority. The City of Vancouver Social Planning Department, without such a mandate, has been ineffective in promoting service coordination.

The history of inter-service coalitions, or community bodies outside of government is not encouraging. Generally consensus is achieved when the objective is to procure more resources, or protest unfavourable policies; such groups also serve as useful sources of information and personal contacts for service workers. But these attempts at coordination do not result in the more integrated use of existing resources.

Inter-agency type councils within municipal government do not appear terribly fruitful either. Columbia University's Bureau of Applied Social Research evaluated the district manager experiment operated from the Mayor's Office of Neighbourhood Government in New York City. In this approach municipal line departments were kept intact, and a district manager was assigned to develop coordinated service patterns through a district cabinet concept. The mandate and authority which the district manager possessed was the power to call meetings, which representatives of line departments were expected to attend. The Koblentz & Heginbottom reports in this series (known as the New York City Neighbourhood Project) cite the reasons why this didn't work. Departments could not agree on common service boundaries; were unwilling to delegate equivalent decision-making authority to district supervisors; differed as to what issues were service

priorities; withheld or were unable to contribute essential information; felt that demands placed on their departments violated either technical, ethical, or legal standards of their field; could not spare the personnel necessary to implement a decision. In sophisticated organizational environments, managers have learned that it is not necessary to say "no" to a request with which one is in disagreement. It is possible to agree in principle with objectives, and then find that there are "practical" and "technical" reasons for being unable to say "yes".

Heginbotham notes in his report (page 13) that another New York City experiment in coordination, which kept line departments intact, were the superagencies, including one in the human services field. These superagencies experienced untold forms of resistance from existing departments, and appear to have been no more successful than provincial super-ministries.

A recent review of coordination efforts in five major American cities (Michael Aiken et al - "Coordinating Human Services") concludes its assessment with the view (page 168) that the core integration of community-service type functions into one structure is the most preferable of approaches, with highly specialized services best left to separate organizations and individual practitioners. Such a recommendation implies that where functions are genuinely inter-related, they should be structurally integrated. This is essentially what this paper sees as necessary for an effective community services capability to exist in the municipal sector.

The term integration is taken to mean the consolidation of separate centers of administrative authority into one. Through such a consolidation one center acquires the

authority and responsibility to pursue an integrated set of objectives. This includes the power to recommend and implement policies on the provision of services which come under the conferred mandate.

In the context of this paper, and this conference, integration refers to the consolidation of municipal functions. The objective of this exercise is that the municipal sector puts its own house in order. We refer to this strategy as an attempt to develop core integration, where reassignment takes place between municipal tiers, individual departments, and special purpose bodies, over who is assigned what formal set of public responsibilities.

There is a certain measure of apprehension in suggesting what potential re-arrangements should be. Firstly, the scope of change required within the municipal sector is significant. To review briefly, this paper contends that the two major priorities for coordination are:

- (a) to introduce a social policy capability for the municipal sector. This means an ability for local government to monitor the varied trends in needs; develop an integrated and responsive set of priorities on the preferred patterns of human services spending; ensure that services are adequately distributed through Metropolitan Toronto; that some minimal set of common standards exist; and that the municipal sector is able to clearly and intelligently put forward its policy proposals to senior levels.
- (b) to develop an effective community services capability within the municipal sector; to ensure that services designed to support people in relation to daily living needs are easy to use and are seen to be an

integral part of people's living environments.

This means that community services relate to common boundaries, with a common center of authority and responsibility, and operate with some common set of objectives; that common planning exists to set priorities on the introduction of new services; that programs provided through a unit are identified in the community as part of an integrated complement of resources; and most important of all, when an individual or group requests support from any publicly funded community service worker, whatever the social concerns may be, the unit with which that worker is associated assumes full responsibility for responding to the total situation of that individual or group within the limits of available skills and resources.

The second source of apprehension stems from not knowing how seriously the Robarts Commission is prepared to pursue its mandate. There might be a temptation to avoid the thorny issues of coordination by proposing a series of token and marginal changes. This could include: setting up perfunctory advisory councils on a fragmented sector basis (i.e. one on health, one on social services, etc.) as was forced on the Regional Municipality of Waterloo by the resistance of provincial line departments to municipal integration; suggesting that area municipal planning boards engage social planners, which has proved to be of limited value when attempted here and elsewhere; proposing a municipal social planning department (or equivalent), as in Vancouver or Halifax, with neither the mandate nor the ability to coordinate line departments; or assume that the coordination of publicly funded community services is merely an issue of lumping a hodge-podge of programs into one building,

or one location, without resolving the issues of authority and responsibility.

The argument that something better could eventually evolve from these schemes is not reassuring, nor always likely. This is very much the possibility in pursuing the multi-service building approach. It is very expensive to construct new buildings, or renovate old ones. In a period when dollars to operate community services are scarce, it would be disappointing to see big new structures built, especially when there is little evidence to suggest that this is what the coordination problem is all about. This was not deemed necessary in establishing community resource boards in Vancouver; nor always necessary in establishing local community service operations in Montreal.

There is ample space available for most services in the community; this became evident during the LIP program when hundreds of new services were set up in Metropolitan Toronto. There was not one penny in the LIP program for capital costs; all these services found space within the existing, and often underutilized, facilities in the community.

The challenge to the Robarts Commission is formidable. The issues associated with the coordination of human services go right to the heart of local government structure and function. They also raise important sets of questions in relation to provincial policies and practices. This includes the extent to which provincial fiscal transfers will remain as conditional as they currently are; the extent to which the revenue base of the municipal sector will be able to financially meet possible new responsibilities; and the extent to which provincial line ministries will feel comfortable in having a reduced role in reviewing programs and budgets for human services in Metropolitan Toronto.

The Robarts Commission has three advantages in formulating recommendations on the coordination of human services. Firstly, reviews of local governments are expected to

propose significant structural changes, where appropriate, in the organization of public services. Secondly, the Commission is not tied to any line ministry of the province, or field of service, but has a mandate to recommend what is in the best interests of the community as a whole. Thirdly, the personal stature of the Commissioner will ensure that what is recommended receives serious consideration in the innermost circles of Queen's Park.

The Roberts Commission has already concluded from submissions forwarded by over two hundred organizations and individuals, that there is a majority sentiment for retaining the present two level federation. There is, however, no clear agreement evident on just how responsibility should be divided between the two levels. The Commission did note that a clear majority of submissions did favour a stronger role for the city and boroughs in the delivery of human services.

If some rationality is to be introduced into the allocation of responsibility between the two tiers, then it is important to spell out what would appear to be appropriate roles for each level. There are many ways to look at human services; traditionally they have been viewed by categories of need and skill. Thus the separate structures for social services, recreation, public health, education and so forth. This method of organizing services comes from the perspective of those who administer and manage programs.

There is another way to approach the organization of services. This involves looking at the role which services play in the lives of people. From this perspective two major categories of programs become evident. The distinction for us would be between programs which are non-institutional in character, i.e. - don't remove or isolate people from the community. These are programs which support the daily living patterns of people, and are therefore most

effectively offered in relation to where people live; are labour rather than capital intensive, and are characterized by frequent but random forms of service to person contact. We would call these category of programs community services. (Examples of what are considered community services were outlined on page 7).

In contrast to the above set of programs are what we would refer to as institutional services. These programs are characterized by often removing or isolating people from the community; are used more episodically by people in relation to needs associated with age, illness, deviant behaviour, or skill enhancement; tend to be capital intensive, with service to person contact more routinized; are not necessarily used by people in relation to where they live. Examples of institutional services are hospitals, schools, homes for the aged, rehabilitation workshops, golf courses, and so forth.

In proposing a set of responsibilities for either of the tiers it is important to speculate on use patterns and the spill over phenomena. We believe it would be inappropriate to assign planning and review responsibilities to a tier, where significant numbers of people using the program lived outside the jurisdiction of that government. These people would in effect be disenfranchised from exercising accountability over public programs, which they used, and to which there taxes contributed.

It is our assumption that there is limited spill over in area municipal boundaries with respect to necessary and preferred use patterns of community services. Especially since these are programs generally offered in relation to where people live. We say "necessary and preferred" because people might have to presently cross area municipal boundaries where a service is unavailable in their area, or where the area municipal boundary is artificial. When public movement in the central corridor of Metro below

401 tends to go north-south, and an area municipality is stretched in an east-west direction then spill over will occur. This was the experience with York Community Services, where over forty per cent of its users came from outside the borough.

With these qualifications in mind, however, we would propose that the responsibility for the coordinated planning, budget review, and delivery of community services be the responsibility of area municipalities. Given current area municipal land-use responsibilities for the physical environment of local communities, a community service responsibility would complement and enhance such a mandate.

Because there are, or could be, significant levels of spill over from area municipal boundaries in the use of institutional services, we would propose that the metropolitan level be responsible for the coordinated planning and budget review of these functions.

Under the present arrangements both tiers operate independent of each other with respect to their particular human service responsibilities. Special purpose boards for human services operate largely in isolation from either tier. The federal aspect of metropolitan government is lost. What we have instead in the human services field is a state of separate and parallel activity. There are a number of implications to this arrangement. Firstly, relations with senior government levels are fragmented, and it is unclear who has responsibility for need and programs that are not currently slotted into either of the tiers. This is currently true with the areas of immigrant services and race relations.

Secondly, without a federal arrangement governing the provision of all human services in Metropolitan Toronto, only services currently funded through the metropolitan level (i.e. social services, education) benefit from equalizing assessment capability across area municipalities. Thus children in Scarborough have the same access to schools and day care programs as do children in the City of Toronto.

At present recreation, public health, and general grant programs are dependent on the local revenue base. Sometimes the differences are significant. Community service grant levels in the City of Toronto exceed \$500,000; in North York they are around \$30,000, in Etobicoke somewhere around \$80,000. The differences cannot be attributed only to population, or what is assumed to be a more enlightened political culture in the City of Toronto. There are also serious gaps in community recreation services in more recently developed areas of Scarborough and North York. Access by metro day care services to early identification resources in public health programs varies across area municipalities.

We would propose that all human services offered in Metropolitan Toronto benefit from an equalized assessment capability to ensure that access is evenly distributed. This would entail the metropolitan level having the responsibility to review all proposed community services spending by area municipalities; less to monitor which programs are offered, but more to determine how much spending is appropriate in each area municipality relative to common indices of need.

The current arrangements governing education spending in metro is the model we have in mind. Area boards formulate spending plans, and provide services to local areas. The metro level reviews and determines area spending levels in relation to common criteria of need, prepares a metropolitan submission to the province, assesses

a metropolitan levy on each area municipality for local education spending, offers non-community oriented programs for special populations. The area municipality has come recently to acquire a limited latitude in levying an additional assessment for local programs.

Under the arrangements proposed in this paper this process would govern the formulation of all human services spending in Metro, the difference being that this spending would be reviewed by area municipal and metro councils rather than special purpose bodies.

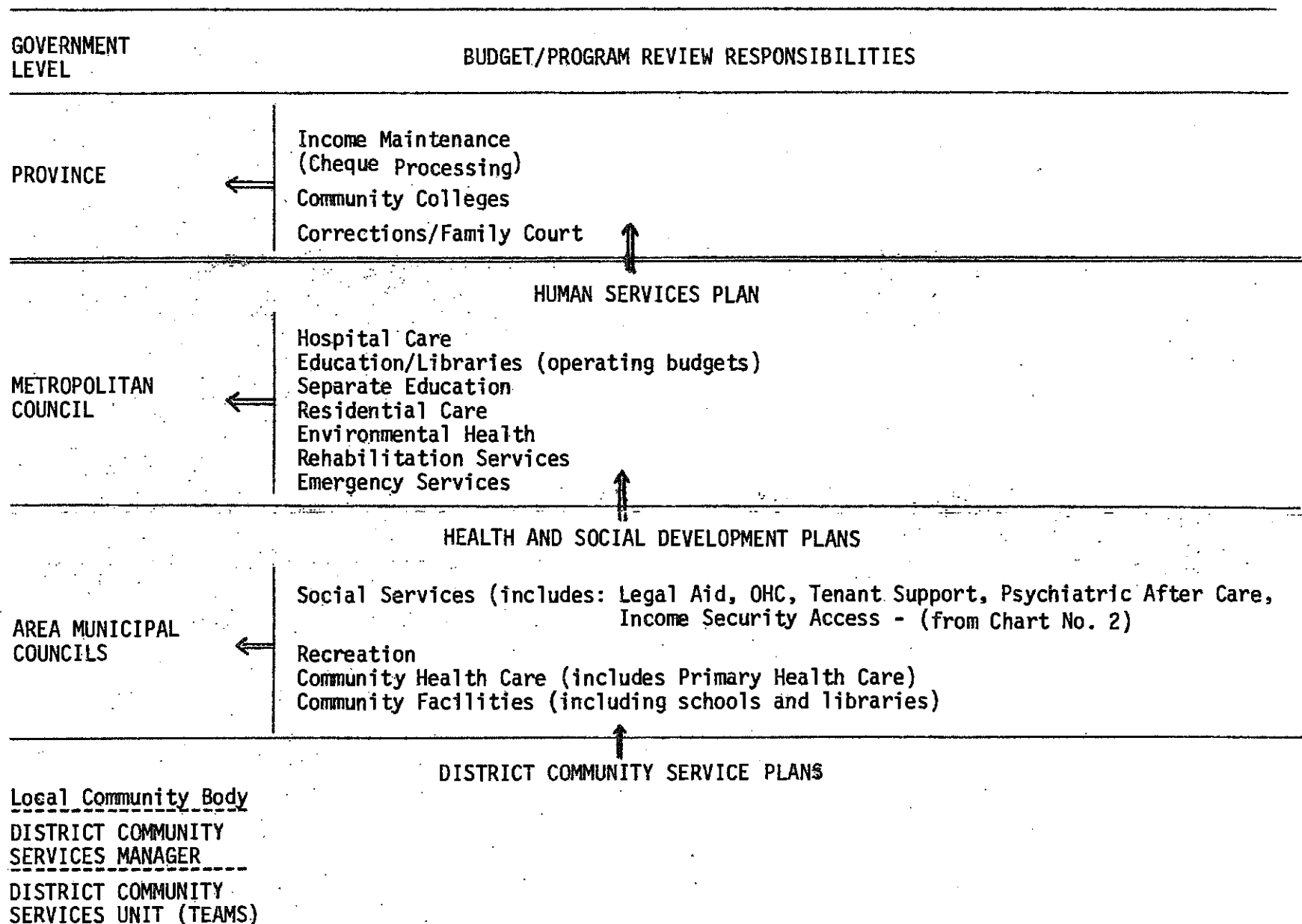
Chart number 5 - "Proposed State of Human Services Budget/Program Review in Metropolitan Toronto" - outlines the major categories of responsibility in an integrated process to plan and review human services spending. Three sets of global plans would be formulated. These plans would be:

- (a) district community service plans
- (b) area municipal health and social development plans
- (c) a metropolitan human services plan

Plans are taken to mean the preparation of annual global budgets, with the review of needs and setting of priorities associated with such activity.

The district community service plan would be prepared by a district community service manager, either with or through (depending on the model), a local community body. The value of such a plan is that it would review and make known the state of municipal spending on community services in a given local area (40,000 - 80,000 people). This

Chart No. 5 - PROPOSED STATE OF HUMAN SERVICES BUDGET/PROGRAM REVIEW IN METROPOLITAN TORONTO



would include more than documenting dollar figures. The plan would identify the range of resources and skills currently being offered to the district; would document needs that had emerged or shifted in the previous twelve months; discuss how existing resources might be redeployed in the year ahead; what the priorities were for the introduction of new programs and resources in the district; which new programs might be offered through direct hiring, and which should be contracted; what the state of capital facilities in the district was; and comment on the effectiveness of institutional services (i.e. hospitals, rehabilitation programs) used by residents of the district.

We would be skeptical of a planning and budget review process at the area municipal level which did not include a statutory requirement that annual district community service plans be prepared. Even urban areas of 200,000 - 750,000 are sufficiently diverse in composition and need to require an instrument which can record and articulate important variations. It is absurd to mechanically grind out global priorities across large units of people, without reflecting the particular living characteristics of local districts. An area with many elderly living alone in apartments and over store tops, is not helped when information centers are declared an area municipal priority. Then every local district rushes in with proposals for such a program, whether these are the most important priorities in the local district, or not. These are the distortions that develop in a top-down process of initiating spending priorities. This phenomena, known as the "leverage" effect, is reviewed in the Social Planning Council "Framework" report (pages 21, 22, 51). The formulation of district community service plans would reverse the pattern of demand initiation, with the prospect of a wiser set of proposals for public spending.

The area municipal health and social development plans would review community service needs across the city or borough, informed through district plans and area-municipal wide policy review groups. These latter groups, (to be organized through a proposed Health and Social Development Board), would examine the needs of social minorities whose concerns can be overlooked in a district approach; would examine the general state of well-being and needs of major population groups (i.e., families, elderly); initiate proposals for senior government levels in areas where districts shared common policy and program concerns; and review the adequacy of institutional services offered in the area municipality by other government levels - i.e. hospitals, police, community colleges.

The area municipal submission to the metropolitan level would therefore include a global budget, accompanied by the review of needs, institutional services, and senior level programs and policies.

The metropolitan level would be charged with formulating a global budget for the human services in Metropolitan Toronto for submission, where appropriate, to senior levels. This plan would include the social policy requests of the metropolitan community to senior levels. The metropolitan level would be expected to provide integrated and visible leadership in articulating these concerns, and in pursuing all necessary negotiations. The scope of metropolitan involvement in reviewing area plans has been previously discussed; the proposed forms of input to the metropolitan level will be identified later on in the paper.

The proposed allocation of budget and program review responsibilities to the two tiers reflects the type of mandate required, if the tiers are to possess the capability

necessary to carry out their proposed roles. Some pundits and consultants, battle-scarred from previous skirmishes with Queen's Park in these areas, will claim that the proposed reallocations of responsibilities are naive and "unrealistic". Maybe they're right. But one would prefer to believe that this is a serious enterprise, and not just another game of community monopoly, where the political dice are cast, and where some responsibilities remain where they are, with others traded in.

In any event this paper would contend that in order for the area municipalities to possess an effective community services capability, the following program and budget review responsibilities should be transferred to that tier.

From the provincial level: provision of legal aid programs; tenant support currently provided through OHC; responsibility for initiating primary health care programs, including the gradual phasing out of selective out-patient services from general hospitals; the initiation and coordination of psychiatric after-care programs.

From the metropolitan level: the return of social service programs in the areas of personal support. These include child care, child protection, family services, elderly persons centers, homemaking and nurses services.

From the provincial and metropolitan level: the return of all professional staff currently associated with reviewing income maintenance requests, and who provide follow-up support. The Social Planning Council is on record recommending that General Welfare Assistance programs be administered by the province, along with Family Benefits, to reduce costly administrative duplication, and remove the partial payment of income maintenance programs from the municipal property tax. Underlying this recommendation is also a differing sense of how those in need of income support can be better served. The functions of facilitating

access and dispensing cheques would be administratively separated from the formulation of entitlements and the processing of cheques.

What this means in operational terms is that area municipal community service workers (returned from Ontario and Metro) would assist area municipal residents acquire incomes support emanating from the province; they would review eligibility, and send requests to provincial centers (which could also be decentralized). The provincial centers would process cheques consistent with their criteria; the cheque, and whatever continuum of support required, would be dispensed by area municipal community service workers.

The advantages to this approach are significant. Area municipal community service workers would represent a one-stop source of integrated assistance in securing financial assistance for individuals from whichever provincial program, or programs, were appropriate to the situation of the individual. These programs include - Family Benefits, GAINS, Workmen's Compensation, General Welfare Assistance (proposed). The helping relationship would move from what is often perceived as an adversary relationship, to an advocacy one. This could increase the receptivity of individuals to value the support received from community service workers. The continuum of complementary support available through this service relationship would be more extensive than at present. And most important, the poor would no longer be isolated from the rest of the population in how they receive support.

Once more the model proposed is not foreign to the market sector. The concept of insurance brokerage groups and travel agencies incorporate the features proposed above.

From area municipal special purpose boards: the major proposals here are that those programs of the public health department that are community services (maternal and child health, school health services, adult health services, family planning, and so forth) be part of an area municipal community services department, with inspection programs (epidemiology occupational health, food control and so forth) part of a metropolitan level responsibility; that the Public Health Board, without delivery responsibilities, be transformed into a Health and Social Development Board for purposes previously discussed; that student services/child adjustment/after school and other non-educational support programs be part of the area municipal community services capability, to be available to local schools as part of a total complement of community service resources; that school and library buildings be designated, what they have in fact become, namely, community service facilities - to be built and managed by the area municipality.

This latter measure is proposed for a number of reasons. At present there is no integrated review of capital spending on community service facilities. In Boston a Public Facilities Department reviews all individual requests for libraries, schools, recreation centers, day care centers against a set of developed criteria. These include the range of currently available facilities, utilization patterns of these existing facilities, how that local area compares to the range of facilities and needs in other parts of the municipality. The review of capital spending includes the design of the facility, and the implementation of the construction program. The integrated review of design features is critical. Many schools, for example, were initially built on the assumption that they would always be used for these purposes. Their design has not been modular, allowing for alternative community service uses when student enrollment declines, and empty classrooms become available. Future school buildings should reflect a community services concept.

In Boston once the school is built it is managed by the Board of Education. That could also be a possible arrangement in Metro. We are going further and recommending area municipal management because of the inconsistencies which currently govern community service access to school buildings. It would appear desirable that a common set of policies and practices govern people's access to all local community service facilities - recreation centers, schools, libraries, day care centers, parks. One also wonders whether the skills and time of school principals are best utilized in the role of community landlords and facility managers.

One further rearrangement to be proposed would involve the disappearance of a separate library board, with library services to be a responsibility of the area municipal board of education. This would ensure the integrated provision of continuing education programs, and the eventual multi-purpose use of library facilities.

Recommendations involving boards of education stem from a view of this institution as a specialized source of education in the community - formal instruction for the young, continuing education for all. The present drift of local school personnel into social welfare roles, emanating from the breakdown in community services provision, would be hopefully reversed.

Charts number 6A and 6B - "Possible Components for an Area Municipal Framework" (with two options) - show how structures arising from these proposed rearrangements might relate to each other.

The most critical feature in the proposed area municipal framework is the assumption that integrated district community service units will only be possible if there is

Chart No. 6A - POSSIBLE COMPONENTS FOR AN AREA MUNICIPAL FRAMEWORK:
MUNICIPALLY MANAGED SERVICE INTEGRATION

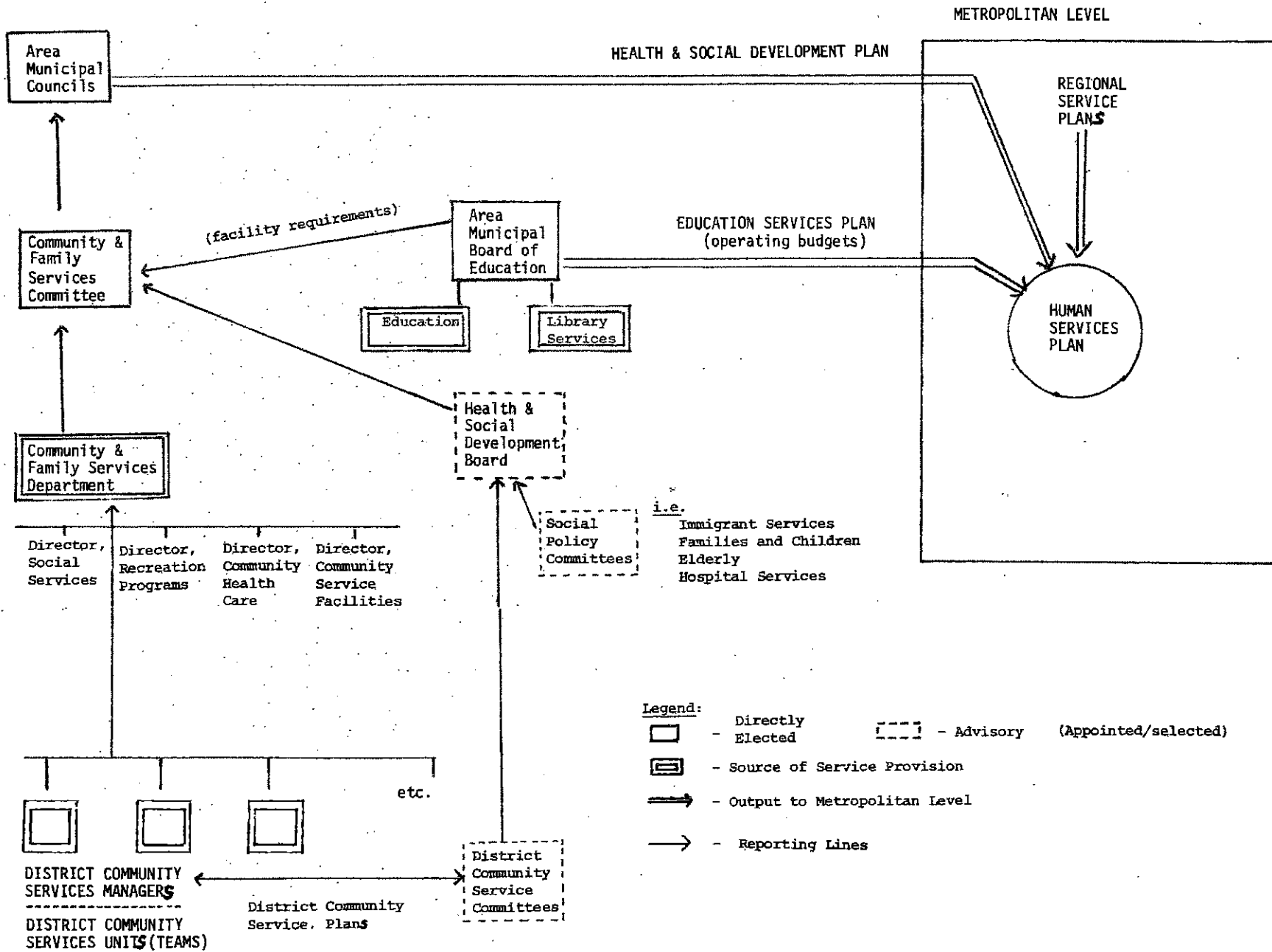
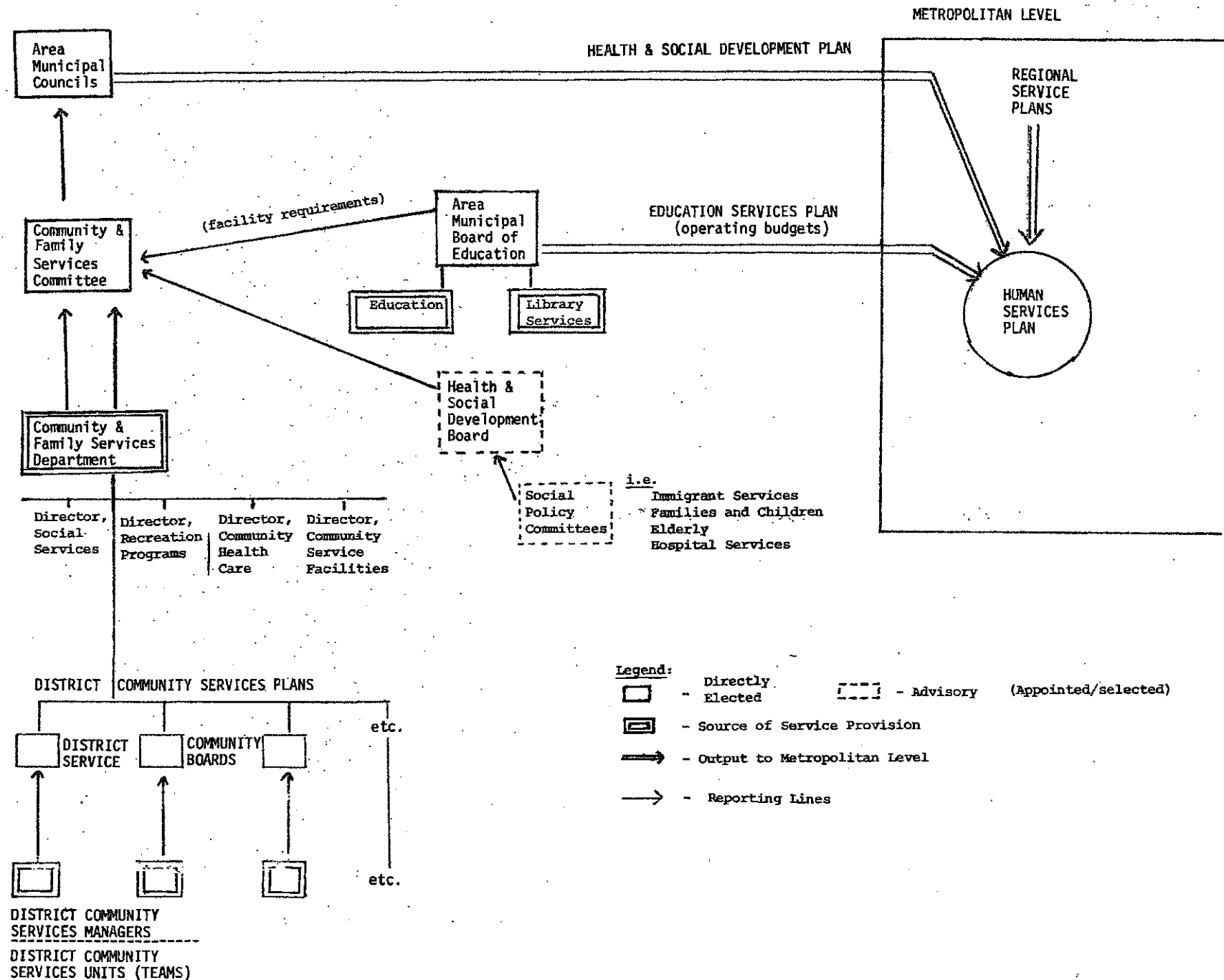


Chart No. 6B - POSSIBLE COMPONENTS FOR AN AREA MUNICIPAL FRAMEWORK:
COMMUNITY-MANAGED SERVICE INTEGRATION

III-41



an integrated municipal department to which they relate. The proposed "Community and Family Services Department" would include the functions constituting a community services capability. Recreation programs are included because one often forgets their immense value in pursuing prevention objectives, as part of a continuum of community services support.

The proposed department should not be unwieldy in terms of absolute numbers. The City of Toronto Board of Education currently has 5,000 teachers; Metro Social Services 3,000 personnel. We do not believe that the proposed department, for example in the City of Toronto, would exceed the above levels.

With respect to the arguments for municipal vs. community management of service integration, these will be raised in session three. Both options in this paper create an effective community services capability at the area municipal level.

Chart number 7 - "Metro General Hospitals - Discharge Patterns of Active Treatment Patients (1973 Statistics) indicates the reasons for proposing that the budgets of hospitals be reviewed at a metropolitan level through a Metro Hospital Board. The spill over of active treatment patients from area municipal boundaries is too great. While budgets would be formally reviewed at a metropolitan level, the adequacy of services would be reviewed through the proposed health and social development boards. It should then be a statutory requirement that each area municipal health and social development board have a representative on the proposed Metro Hospital Board. This would appear preferable to the notion of six consumers at large, which is the District Health Council concept, since area municipal representatives would be directly accountable to a larger constituency.

In not proposing that the district health council concept be incorporated in a new set of arrangements, a different view of how services should be organized is reflected.

Chart No. 7

METRO GENERAL HOSPITALS -- DISCHARGE PATTERNS OF ACTIVE TREATMENT PATIENTS (1973 STATISTICS)

A. HOSPITAL DISCHARGE PATTERN INTO AREA MUNICIPALITY (A-M) WHERE HOSPITAL IS LOCATED

| Area Municipality | No. of General Hospitals | No. of Hospitals With More Than 80% Discharge Rate Into A-M | No. of Hospitals With 60% - 80% Discharge Rate Into A-M | No. of Hospitals With Less Than 60% Discharge Rate Into A-M |
|-------------------|--------------------------|---|---|---|
| East York | 1 | - | - | 1 |
| Etobicoke | 2 | - | 1 | 1 |
| North York | 4 | - | 2 | 2 |
| Scarborough | 2 | - | 2 | - |
| Toronto | 13 | 1 | 1 | 11 |
| York | 2 | - | - | 2 |
| TOTALS | 24 | 1 | 6 | 17 |

B. HOSPITAL DISCHARGE PATTERN INTO METROPOLITAN TORONTO

| Area Municipality | No. of General Hospitals | No. of Hospitals With More Than 80% Discharge Rate Into Metro | No. of Hospitals With 60% - 80% Discharge Rate Into Metro | No. of Hospitals With Less Than 60% Discharge Rate Into Metro |
|-------------------|--------------------------|---|---|---|
| East York | 1 | 1 | - | - |
| Etobicoke | 2 | - | 2 | - |
| North York | 4 | 3 | 1 | - |
| Scarborough | 2 | 1 | 1 | - |
| Toronto | 13 | 6 | 5 | 2 |
| York | 2 | 2 | - | - |
| TOTALS | 24 | 13 | 9 | 2 |

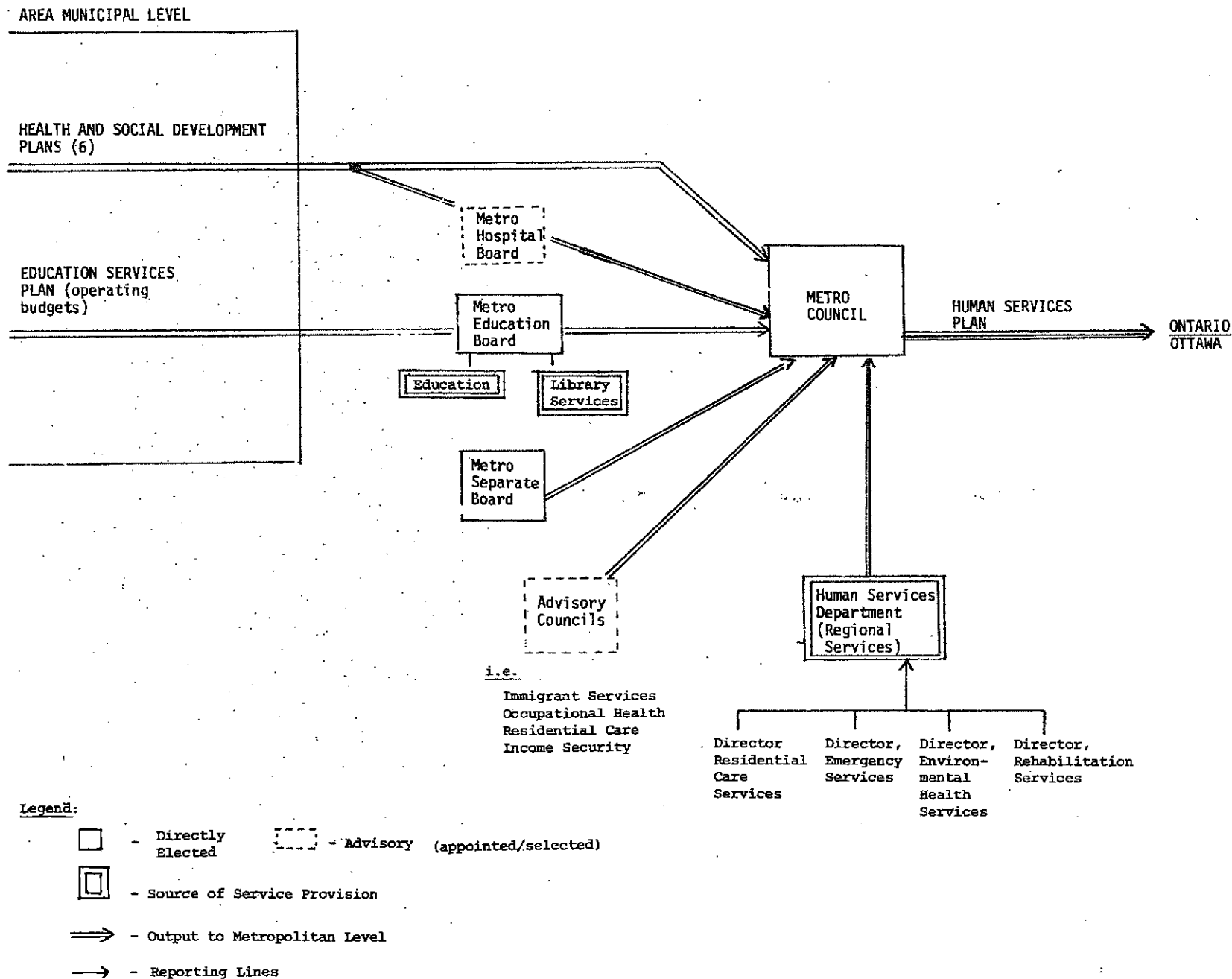
Source - Appendix A

The district health council is an outgrowth of a sector concept of service organization. This paper has proposed a different set of distinguishing principles, related to the role services play in the lives of people. In this approach health functions of a non-institutional nature would be reviewed and provided at an area municipal level. This corresponds to recent sentiments (Mustard, Lang) who view this combined provision as important to developing a prevention capability. Health functions of an institutional nature would be reviewed at the metropolitan level. In a decentralized, federal model the deliberations of one tier can be influenced by another. It is through this interplay of structures at both tiers that an integrated review process becomes possible.

One might also note that the proposed separation of functions corresponds to the arrangements introduced into the reorganization of services in Quebec.

Chart number 8 - "Possible Components for a Metropolitan Level Framework" - identifies the possible set of structures through which the metropolitan responsibilities might be carried out. Many of the reasons underlying these proposed structures have already been cited, as well as what one would expect the metropolitan role to be.

It would be hoped that in reviewing the various plans it received, the metropolitan level would be able to formulate common social policy objectives for both community services and institutional programs; health promotion being one prominent example. The metropolitan level should also be the center where discontinuities between community service and institutional programs are sorted out. The previously cited problem of referrals by social service groups to psychiatric centers is an example. The development of a integrated social data capability, the monitoring of trends, evaluating performance levels, would be a useful set of roles for this level.



The functions assigned to the proposed human services department reflect their institutional or spill over qualities. Residential care services would include homefinding and placement, wardship, homes for the aged, hostels, and group homes. Metro would be given the financial capability to coordinate the funding of all group home programs, a responsibility which is currently spread across a number of provincial ministries.

The structures inside Metro Council which would review spending, formulate policy goals to senior levels, have been deliberately left vague. Much depends on the form of Metro's future structure. A "Human Services Committee" of aldermen with responsibilities to two councils, would not have the capability to generate informed political discussion.

The proposed rearrangements set out in this paper are possible components of a framework; they are not a blueprint. Details can be worked out at a later time. There might be any number of alternative principles upon which to base a reorganization scheme. The purpose of this exercise is to provoke critical reflection on the scope of rearrangement and rethinking necessary, if an effective framework is to emerge for the coordination of human services in Metropolitan Toronto.

It is not an unmanageable task, nor should one be intimidated by those who will resist change because of alleged "administrative" problems. Any set of public structures which seek to universalize social benefits in a mass society wrestle with administrative difficulties. It is no picnic administering programs within the current arrangements, whether an organization has fifty or three thousand employees. One must assume that the

managerial skill and imagination exists to make a sound new set of arrangements possible.

As for immediate costs accruing from proposed changes, these cannot be forecast with any real accuracy. The purpose of this exercise is to increase the cost effectiveness and responsiveness of what is currently spent. There will be special costs in the short run, but the expectation is that sounder spending and service patterns involving public dollars will develop in the immediate years ahead.

DISCHARGE DISTRIBUTION OF ACTIVE TREATMENT PATIENTS FROM METRO GENERAL HOSPITALS - 1973 STATISTICS*

| General Hospitals | Location (Area Municipality) | DISCHARGE PATTERN - PERCENTAGES | | | |
|--|---------------------------------|---------------------------------------|-----------------------------------|---------------|--------------|
| | | In Area Municipality Where Located | Other Five Area Municipalities | Outside Metro | Unidentified |
| Toronto East General & Orthopaedic | T East York | 15.5 | 79.6 | 4.4 | .5 |
| Etobicoke General | Etobicoke | 55.2 | 19.2 | 25.2 | -- |
| Queensway General | Etobicoke | 62.6 | 11.2 | 19.3 | 6.9 |
| North York Branson | North York | 73.8 | 15.1 | 10.0 | 1.1 |
| North York General | T North York | 58.6 | 21.7 | 10.8 | 8.9 |
| Sunnybrook | T North York | 13.2 | 64.6 | 21.9 | .3 |
| York-Finch General | North York | 74.0 | 17.4 | 8.5 | -- |
| Scarborough Centenary | Scarborough | 67.0 | 9.5 | 21.2 | 2.0 |
| Scarborough General | Scarborough | 78.9 | 9.7 | 8.0 | 3.4 |
| Central Hospital | Toronto | 58.1 | 36.1 | 5.6 | -- |
| Doctor's Hospital | Toronto | 85.3 | 11.0 | 3.7 | -- |
| Hospital for Sick Children | T Toronto | 31.3 | 35.6 | 33.1 | -- |
| New Mount Sinai | T Toronto | 62.6 | 27.4 | 7.9 | 2.1 |
| Orthopaedic & Arthritic | Toronto | 38.2 | 28.1 | 33.1 | .6 |
| Princess Margaret | T Toronto | 13.1 | 19.6 | 54.9 | 12.4 |
| St. Joseph's | T Toronto | 53.8 | 37.6 | 8.6 | -- |
| St. Michael's | T Toronto | 25.8 | 29.3 | 19.5 | 25.4 |
| Salvation Army Grace | Toronto | 49.4 | 42.8 | 7.7 | -- |
| Toronto General | T Toronto | 39.8 | 27.9 | 32.2 | -- |
| Toronto Western | T Toronto | 50.3 | 33.6 | 15.9 | .2 |
| Wellesley | T Toronto | 49.- | 27.1 | 16.9 | 6.7 |
| Women's College | T Toronto | 53.8 | 23.7 | 14.2 | 8.3 |
| Humber Memorial | York | 27.5 | 63.5 | 8.4 | .6 |
| Northwestern General | York | 33.2 | 61.5 | 5.2 | -- |

*Source: "Social Policy in Metropolitan Toronto" Background Report for the Royal Commission on Metropolitan Toronto, June 1975, pg. 118, 119, 234-247.

Legend: T - Teaching Hospital

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IV. AFTERNOON ADDRESS

HONOURABLE JOHN P. ROBARTS, C.C., Q.C.
ROYAL COMMISSION ON METROPOLITAN TORONTO

This seminar is, in my view, a timely one indeed. May I compliment both the Social Planning Council of Metropolitan Toronto and the Institute of Public Administration of Canada for this thought-provoking program. The Commission is following your deliberations with great interest.

Having spent almost two years reviewing the system of local government in Metropolitan Toronto, I have come to the conclusion that the planning, delivery, coordination and evaluation of human services must be given the same priority by local government in Metro today as was given the provision of schools, roads, sewers and water supply for this rapidly growing area when Metro was established 23 years ago.

The change in emphasis at the local level from the provision of hard services to the provision of soft services is perhaps best reflected in changes in municipal spending patterns in Metropolitan Toronto.

Growth in municipal expenditures generally in this province can be attributed to three factors: inflation, an increased volume of service and higher levels of service. From an analysis of local spending in Metro carried out for the commission, it appears that approximately 58 per cent of the increase in spending here since 1968 is due to inflation, 18 per cent to an increase in the volume of service and 24 per cent to increased levels of service. These patterns are not reflected in human services such as health, social services and recreation. While inflation is still a significant factor in these areas, fully 43 per cent of increases are attributable to increased levels of service.

By contrast, higher levels of service account for only 4 per cent of the increased costs in sanitation and 20 per cent of the increased costs of public works.

In 1975, the Metropolitan Corporation and Metro's six area municipalities spent close to 650 million dollars on education, social services, public health, recreation, culture and libraries. One must add to this figure the cost of the human service component of policing and local assisted housing programs, the dollars invested by the private sector through such programs as the United Appeal, the dollar value of all the volunteer services provided in the community and finally, the dollars directly invested in human services in Metro by the other levels of government through such programs as Family Benefits and Unemployment Insurance. Clearly, the price tag for human services is high. Some suggest that for Metropolitan Toronto it may be a billion dollars annually.

Not only have costs in this area increased but evidence points to a continuation of this trend in the foreseeable future. It is widely recognized that the urbanization of Canada has led to an increased need and demand for publicly supported services which were not required when our society was predominantly rural and our economy predominantly agricultural.

In addition, the entry of large numbers of women into the labour force, the increased lifespan of the population and the breakdown of traditional family structures have all resulted in the need for more services to be provided outside the home.

It must be recognized too that our expectations of government are rooted in the past two decades of affluence and most of us will not easily give up services

to which we have become accustomed. I am sure you can all think of recent examples of conflict generated by attempts by governments to curtail human service costs.

In my mind, there is no doubt that human services as a major government activity are here to stay even though the need and demand for individual services may fluctuate considerably.

Those who presented briefs to the commission were generally complimentary about the level of local service enjoyed by the residents of Metropolitan Toronto. In fact, some suggested that the quality and range of human services provided in this community have been major factors in making it such a desirable place in which to live. Despite their commitment to maintaining the level of human services we enjoy today in Metropolitan Toronto, many of those who appeared before the commission expressed a deep concern about the rapid increase in human service costs and a fear that if these increases continue unabated, the result will be a decline in services essential to the quality of life in this community.

One must also recognize that Canadians generally are not willing to pay a much larger portion of their incomes in taxes. If the maintenance of the existing level of services means a proportionate increase in taxation, clearly many favour cutbacks, particularly in what are popularly - and somewhat derogatorily known as "give-away programs".

Thus, the necessity to control costs becomes very apparent. However, to control costs, a system is needed which enables us to make sensible decisions about competing human service demands. As most of you already know, there is no human services system in Metropolitan Toronto. What we have is a collection of unco-

ordinated services which have never been organized in a systematic way. As a result, there is no overall policy planning and program evaluation on either a comprehensive or a sector basis.

In studying the human services, I have come to appreciate why this is so. The answer is clearly in their early development.

Until a few decades ago, most of these services were provided through the voluntary contributions of time and money by people in the community. Public sector involvement, for the most part, was in response to a particular need or crisis and generally followed private initiative. No one agency or level of government was given the responsibility for human services per se and no one body accepted it.

As a result, distinct sectors developed in such fields as health, education and social welfare, each of which is made up of a proliferation of specialized agencies and supported by different funding arrangements.

Because these sectors developed at different periods of time and involved different groups of people, the need for formal linkages among them was often not recognized.

Today, even within one sector, there are a number of bodies which have their own policies, programs and administrations making coordination of their plans and activities difficult. Because of the vertical nature of these sectors, coordination among the sectors is even more difficult. Finally, efforts at coordination are further complicated by the fact that all levels of government and the voluntary sector have a major involvement in the human services field.

It is not surprising then that there is no overall human services policy for Metropolitan Toronto. The fact that the services are as well coordinated and effective

as they are is a tribute to those working in them.

When a relatively small portion of our tax dollar was being used to provide human services, the lack of policy orientation in this field was never a major concern. However, now that government is so heavily involved in the human services this situation has changed.

Experts in this field suggest that a human services policy framework for Metropolitan Toronto is essential if we are to maintain quality services and keep costs under control. They say, too, that this framework must include a greater commitment to preventive programs than has been the case in the past.

This realization is forcing us not only to look for more cost-effective ways of providing existing services, but also to find ways of reducing, or at least levelling off, the need and demand for them.

To further complicate matters, because of rising costs, the human services have been financed increasingly by the federal and provincial levels of government. Most of this assistance has been in the form of conditional grants which reflect the priorities of the senior governments. As a result, although many services are delivered locally, not all reflect local priorities. Many of those who made submissions to the Commission claim this system of financing results in fiscal irresponsibility in that too many programs are being initiated to take advantage of 20 cent or 50 cent dollars rather than to meet local needs.

Also, since most human services are labour intensive the costs of these services will rise as labour costs rise. In local government generally, the areas where per capita costs are increasing the most rapidly are those which employ considerable numbers of people -- areas such as protection, transit and the human services.

In addition to cost, the human services suffer from all of the other well-known problems of bureaucracies. Some of those who presented briefs to the Commission contend that units of administration in the human services are too large, self-serving, insufficiently accountable and at times not as responsive as they could be. Supporters of this view favour some type of decentralized administration which permits neighbourhood control of small service units.

At the other end of the spectrum, there were those who appeared before the Commission who claim that the role of local government should not extend beyond the provision of services to property and that the human services, particularly the more costly ones, are more appropriately the direct responsibility of the provincial government. I must concede that I find it difficult to identify a service that benefits property to the exclusion of people. All government services must ultimately benefit people or they could never be justified.

Nonetheless, this argument does lead to the question of why and to what extent local government should be involved in the human services. In my view, local government involvement in this field is both appropriate and desirable.

First of all local government is the level of government closest to the people which gives it the best capability of recognizing and responding to the emerging and diverse needs of both individuals and the wider community. For the same reason, it can more effectively monitor the human service programs already in place. Local councillors represent a small area in which they generally reside and are therefore more accessible to their constituents than their counterparts in the other levels of government. In addition, they are subject to more frequent elections and therefore must be responsive to the day-to-day needs of people. When Commission

staff interviewed local elected officials earlier this year as part of a survey of political life in Metropolitan Toronto, many told us that more than half of the inquiries they receive from the public relate to human services. They also said that they received as many inquiries about federal and provincial services as they did about such municipal services as day care. In other words, it would appear that they receive the inquiry because they are accessible and not because the local level is responsible for the service in question.

From a policy and planning point of view, the local level has an established structure for urban planning which could include or at least relate to a social planning component. As part of the development of its new official plan, Metro is attempting to define some overall social goals for this jurisdiction. As far as the planning of services is concerned, because the local level is already providing many human services, it has some knowledge of the needs of the community and some understanding of the problems of delivering services to meet them. In addition, the local level already employs many of the people who would have to implement human services policies and their commitment is obviously essential to making such policies work.

The planning, delivery and evaluation of human services is therefore of major concern to the Commission.

I would think that the goal of the human services is to ensure a minimum level of physical, personal, social and economic well-being for all members of the community and to promote the enrichment and development of the individual. To meet this goal, the system should have the following features:

- ° It must have an ability to anticipate problems and needs in the community;
- ° It must have the flexibility to respond to variations in need among individuals and neighbourhoods;
- ° It must ensure that resources can be directed to areas of highest priority and greatest need.

I have spent a good deal of my time trying to determine whether government as presently organized in Metropolitan Toronto is able to satisfy these requirements. I have asked myself, for example:

1. Does the present diffusion of responsibility for the human services among municipal councils, special purpose authorities, private agencies and the senior levels of government impair the accountability and intelligibility of the system?
2. Can the human services be made more accessible to people?
3. Can the public and particularly the consumers of different services be given more of a voice in the planning, delivery and evaluation of these services without undermining the responsibility and accountability of elected representatives?
4. Can the level of government closest to the people ensure that major policies of the senior levels of government such as immigration, rent control or unemployment insurance are made with a fuller appreciation of their local impact?

5. Are current financial arrangements for funding the human services unduly distorting local priorities?
6. Can we develop a renewed sense of personal responsibility for the well being of those around us by fostering and not discouraging volunteer efforts?
7. Can we avoid unnecessary duplication which is costly in both human and dollar terms? For example, do we really need 11 means tests to determine whether or not a person is in need of various forms of assistance?
8. Can we ensure that the rights of those unable to participate in the political process are protected? For example, the Commission heard a good deal about the iniquitable distribution of the less popular community services such as group homes and assisted housing for families in Metropolitan Toronto. By what process can conflicts over such facilities be resolved?

Clearly all of the problems besetting the human services cannot be solved at the municipal level but that is no reason to bury one's head in the sand. Perhaps the local level is in a unique position to begin rationalizing and coordinating the human services. Metro is in many respects an ideal place in which to take up this challenge. It has a large, relatively skilled civic administration, a well developed voluntary sector, and sufficient wealth to undertake experiments in coordination on its own initiative. The range and volume of human services under local control are such that

great strides can be made in policy development and coordination by the local level alone. Finally, I sense that there is a good deal of support for change among those working in the system.

If the human services cannot be better planned, integrated, coordinated and delivered here, can one reasonably expect that this can be done more effectively on a provincial or national scale?

The Commission's role is to recommend a set of structural, organizational, political and financial arrangements for local government in Metropolitan Toronto including all aspects of the human services.

Regardless of the recommendations the Commission makes and regardless of whether or not they are adopted, from my long experience in public life, I know that it is the people within a system who make it work. Many of you are part of that system. In the end, it will be your commitment to making whatever changes are needed which will determine the future quality and cost of human services in this municipality.

For my part, the Commission's coming report to the provincial government will reflect my best judgement as to the framework needed to make these changes possible.

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V. REFLECTIONS ON THE YORK COMMUNITY
SERVICES EXPERIENCE

ARCH ANDREWS

FORMER EXECUTIVE DIRECTOR,
YORK COMMUNITY SERVICES

For the past four years I have been involved in the development and direction of a multi-service project called York Community Services. The project has been funded through a research grant provided by the Ministry of Community and Social Services, the purpose of which is to examine the feasibility of co-ordinating service delivery. In addition to this funding, there has been an O.H.I.P. contract which supplies the salary for a doctor. In the initial stages, all staff with the exception of the doctor and myself were seconded from social agencies within Metropolitan Toronto.

The Borough of York, in which the centre is located, is essentially a working-class first-home ownership area. It is the transitional area through which various immigrant groups move on their way from core city areas to the outer suburbs. There are two or three areas of middle-class and upper middle-class housing within the Borough. The population of about one hundred and forty thousand has a cultural mix comprised of thirty per cent Italian, forty per cent Anglo-Saxon, and ten per cent West Indian. The remaining twenty per cent includes Jewish, East Indian, Greek and other East European groups as well as some Spanish South Americans who have recently moved into the area.

According to Statistics Canada, sixty per cent of the heads of households earn less than ten thousand dollars per year. The area is second only to the city core in incidence of low income families. It is also second to the city core in employment problems, number of persons living in single rooms, and cost per unit of housing. No available land exists for additional building. Geographically, the Borough of York stretches from Bathurst Street to the Humber River approximately seven miles, but it is less than a mile wide at the central point of the Borough where it begins a few blocks north of St. Clair and extends six blocks north of Eglinton. On the Bathurst Street side of the Borough, there

is a significant pocket of middle-class housing in Cedarvale, as is there in the Baby Point area at the south-west corner.

To the north and the south of the Borough, in North York and Toronto, there are similar ethnic populations. When the Centre was first opened, forty-five per cent of our consumer population came from these adjacent areas. York Community Services is easily accessible to both north and south via Keele Street and, since most services have been as distant from these surrounding areas, as they have been from the Borough of York, it has been convenient for non Borough residents to travel to the Centre.

It is important to look at how the Borough was previously served by a variety of organizations. York has been viewed as a distinct service area by only one or two organizations. For the rest, it has been divided and lumped together with parts of other political entities. This would not be a problem if all organizations divided and lumped the same way. Unfortunately, they don't. Each organization has had a different geographical breakdown of service areas. For Metro's Department of Social Services, part of York is added to North York, part is added to southern Etobicoke, and pieces of Toronto and North York are added to the rest of York to make a convenient rectangle. For Canada Manpower, York is divided through the middle with the top half joined to parts of North York and Etobicoke and the bottom half joined to part of Toronto. The Provincial Ministry of Community and Social Services joins most of York and the northern half of Etobicoke with the western half of North York and a bit of Toronto to call it a quadrant of Toronto. The most southern part of York forms another quadrant. York is part of four police divisions or, to express it another way, parts of four police divisions are to be found in York. Children's Aid includes York in Toronto. Family Services joins York to Etobicoke. The

Health Department and Board of Education think of the Borough as a distinct entity and service it as such.

In most instances, the offices of the service organizations are located outside of the Borough in Toronto, North York, or Etobicoke. No co-terminality or common service boundaries exist. There are relatively few community-based services. In most cases, a resident must make a trip out of the Borough to reach an agency office.

As well, the size of the staff unit servicing the Borough has varied with each agency. Some agencies have been unable to tell us how many cases they had in the Borough or how many staff were involved.

Various forms of service co-ordination have been attempted in the past. Almost all have failed or, after a brief success, disappeared. One of the early functions of the former York Social Planning Council was to co-ordinate services on a co-operative or voluntary basis. In this case, co-operation was at the discretion of the participating agencies and when agencies decided not to be co-ordinated in a given area, no co-ordination took place.

York Community Services as well, relies on the co-operation of existing services for the seconding of staff. Deployment of staff and task assignment has had to be negotiated with each parent agency. Goodwill and co-operation have been the primary instruments of co-ordination. If a particular service does not wish to participate, or withdraws staff for budgetary or other reasons, the Centre has no other choice but to accept that decision.

This is the scene within which York Community Services was established to co-ordinate service delivery. The following conclusions and suggestions are based upon my experiences over a four year period at attempting to work out a meaningful service delivery system for

the Borough of York.

In my opinion, it is impossible to achieve an effective multi-function centre where parent organizations control the authority to deploy staff. In multi-function, the Centre itself must carry both the mandates for service and the budgetary requirements to implement those mandates. It therefore implies local control of budgeting to ensure appropriate planning and a diversified use of staff. Wherever either multi-service or multi-function is attempted using seconded staff, the primary instrument of co-ordination is goodwill. Human nature, being what it is, any threat to autonomy, deliberate or unintentional is often perceived as a breach of goodwill. I believe goodwill to be an important ingredient in any human relationship. However, I do not believe that it should be the sole instrument for the co-ordination of human services. Clients require a greater assurance of their rights to adequate service than our ability to agree with each other. They deserve the most rational and effective service delivery system we can devise; a delivery system that begins with the needs of communities and clients.

Multi-function can be highly effective in terms of a service delivery system to consumers. It can be economical in terms of financial savings. It is not currently economical with seconded staff and duplication of administration. The concept can only be executed in a limited way and on a limited scale under the present circumstances as it is encumbered with a variety of problems. However, key problems such as dual accountability, dual loyalty, mandate limitations, and funding binds can be removed by administrative and legislative change. Administrative change alone will not resolve these problems. Often, political change must occur first to facilitate administrative change. If multi-function is to become an operational reality some solid commitment must be made to the concept by

various levels of government. Small, scattered community groups cannot be expected to offer the leadership for what is certainly a government responsibility.

To date, all of our attempts at co-ordination of service in Ontario have been multi-service. This implies a number of authorities co-operating to provide service to a given area. Usually this has been seen in terms of physical integration i.e. the sharing of space in a single facility. All our failures have been with the multi-service concept. Multi-function implies a number of services under a single authority for a local area. This has yet to be achieved in Ontario.

To achieve multi-function, it is obvious that some form of re-organization and re-distribution is essential. It is equally obvious that this will not happen on a voluntary basis. Nor is it necessary to dismantle everything that now exists.

The first step in this process is to establish some reasonable catchment areas, mutually exclusive of one another. The areas should be large enough to maximize service specialization and small enough to be responsive to local needs. I suggest population densities from fifty to seventy-five thousand. This would imply two or three areas for a Borough like York, and from seven to eleven for a Borough like North York. Community services in each of these areas would be under a single authority for that area (i.e. Community Services Board). Funds for services in that area would be allocated to that authority either to provide service directly or to purchase service from existing specialized organizations. Under the present political structure in Metro, I suggest that these catchment areas would have to fall within Borough boundaries.

I would like to see a board of directors for each of these areas which included the aldermen for the particular area, and a large enough number of local citizens. These

citizens should provide proportionate representation for the ethnic and socio-economic divisions of the catchment area. Each person wishing to be on such a board might be required to submit a list of one hundred and fifty names of community residents in the catchment area who supported his/her appointment. All members of the board would reside in the catchment area. I would personally endorse the requirement that prospective candidates serve in some voluntary capacity prior to becoming members of the area boards. Area boards would have a constitution and provincially legislated support now enjoyed by boards of health. In fact, the boards would not be unlike boards of health in their functioning, but one board would not serve an entire borough. Recreation, social services, and primary health care would be included under their services mandate. These community service boards would provide services to local boards of education rather than duplicating similar services.

Each area board would hire an area manager or director who would be responsible for hiring staff or arranging contracts for service within the catchment area. Each board would be responsible to its municipal council for the quality of service in its area. It would submit its budget to council which in turn would make total borough submissions to Metro government. Applications for provincial income maintenance programs, including Workmen's Compensation, would be the responsibility of the local community services board. Eligibility and benefit criteria for income maintenance under these programs would remain a provincial responsibility. At the present time, field workers for Provincial Family Benefits programs do not make the decisions on the applications they process. The processing of all income security applications at a local level would permit easy access to other services the applicant might require.

Under the area concept, the local manager could design staff teams for various service settings -- neighbourhood service centres, local schools, or on a home visiting basis in the community. I do not see the staff all operating out of one building, since that again can lead to isolation from the community. It is critical that the area manager be responsible to a local board of directors, rather than be a line employee of a municipal department. A local board can argue more convincingly for funding and service standards, than an employee of the municipality whose salary may be in jeopardy should he or she become too strenuous in this type of advocacy. The board also affords the community an opportunity to assist its elected representatives in the management of service resources. I would not favour the integration of community services without the development of such a local management structure.

Integrating health, recreation and social services without such a board would deprive the community of the strengths that the local boards of health offer. Our goal should be to incorporate the merits of the local board of health model in the provision of all human services. These centres and their boards would be accountable to the municipal government through the directors of various service areas. The directors of health, recreation and social services would monitor the local area units for quality of service in their particular field of service. They would ensure that the units were staffed by persons with appropriate qualifications.

At York Community Services, precedents already exist for this type of accountability. For instance, the local borough medical officer of health was a part of the interview team which screened and hired the centre's medical staff. Once hired, the daily management of the staff becomes the responsibility of the local director. Purchase of service contracts

would also be made in consultation with the appropriate director of health, recreation, or social services. The final responsibility, however, would be with the board of directors. If the contract failed to produce the desired results for service in that area, the board would have to account for this to the municipal government. It is expected that local boards would be reluctant to contract out where results had not been satisfactory or where they were able to provide the same services themselves at a much lower cost.

The control of service mandates and funding at the local level is the only way to ensure co-ordination of services. Where the funding and the service mandates are maintained by organizations outside of these local areas, the local area is powerless to ensure that it is receiving the form, quality, or quantity of service it requires. The greatest constraints to effective service delivery experienced by York Community Services can all be traced back to the tensions surrounding service mandates and funding.

Should anyone contemplate co-ordinating services in Metro Toronto without dealing with these issues, they might better leave things as they are. Having worked in a centre which operated on a multi-service basis, I became solidly convinced of the benefits of an integrated service approach to clients. It is my belief that such a goal can only be achieved through a "multi-function" approach, which requires that services be offered under statutory service boards at the local community level (i.e. catchment areas).

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VI. MODELS OF DECENTRALIZED COORDINATION

ANELLA PARKER

SOCIAL PLANNING COUNCIL
OF METROPOLITAN TORONTO

RECENT TRENDS IN SERVICE DELIVERY

Over the years, community services have evolved from the concept of "charity towards the deserving and the undeserving poor" which encompassed both the altruistic instincts of society and the good housekeeping urges of the government (the Elizabethan Poor Laws were enacted in response to the public outcry regarding beggars and destitutes blocking the streets), to a major responsibility of local government. Recreation, the education system, libraries, hospital emergency wards, information systems and housing, all serve people of every age and all income brackets and function as supports for normal patterns of daily living and in response to periodic crisis.

During these changes, the people involved in what was social welfare work -- the friendly visitor, volunteer, etc. have evolved from the altruistic amateur into a highly specialized skilled professional providing services from a variety of complex and expanding institutions.

To trace some of the most recent attitudes to community services more closely is to begin to understand the dilemma facing those who are involved in the planning and delivering of services today. The sources of this dilemma, it may be argued, lie partly in changes in the expectations of society, within the service system itself, and partly in the evolution of the political process.

Community service workers and their institutions were a particular target for the anti-expert, anti-professional community movements of the late sixties and early seventies. Contentions such as "the people know what's best for them" slogan would seem to take us back to the early days of the amateur, merely replacing him or her with a person whose

only difference is that of being, perhaps, a recipient of services themselves. At the same time, however, professional training has become directed to higher, more specialized forms of expertise.

In the 1950's, caught up in the vogue for psychiatry, emphasis in community service work was placed on diagnosis, with individuals being seen as clients. People requiring help were perceived to be in a state of emotional distress. Community service workers, particularly in the field of social work, came to define themselves as healers. In this model, the client was seen as the author of his or her own misfortune, even if it was circumstances beyond their control which had influenced the development of the problem. The economy was in a growth period, raising most people's standard of living well above their initial expectations, and was not therefore viewed as a source of poverty or human failure. Clients were perceived primarily as individuals and rarely collectively. Agencies, in response to the spirit of the specialized treatment style, started to move their services out of local districts into downtown centralized settings.

As the economic boom slowed down, the casualties and inequalities of the system were brought sharply into focus. The emergence of the War on Poverty and the Civil Rights Movement in the United States had a profound effect on the community service field, not only in the States but in Canada as well.

Firstly, it led to the assertion that environmental factors such as poverty, sub-standard housing and nutrition played a major part in contributing to personal distress. This resulted in community action, which demanded that the dignity and rights of the client be respected and also introduced social advocacy where the political and economic system was seen to be the problem, and its agencies and institutions as the targets.

Secondly, community service workers were seen as providing at best 'band aid' solutions and at worst, as the 'instrument of control in a basically unjust society'. The more avant-garde professionals leapt on the bandwagon and sought to outdo each other in intellectual self-depreciation; 'community work' became their salvation, while their more conventional colleagues retreated in timid confusion.

To some extent this upheaval was experienced in the urban centres of Canada, where its chief arena of confrontation tended to be urban renewal; the rhetoric, however, was easily adapted across the community service field.

Certainly the new respect demanded by and accorded to the client was a needed re-statement of basic human dignity. However, in the zeal to accord the client self-determination and autonomy, the same expectations placed on consumers in a market economy were placed on the person seeking services and help. Consumers in the market place are expected to do their own selecting and integrating of goods and services and a similar expectation was placed on the consumer or beneficiary of community services, who was expected to self-diagnose their own problem and to seek out the appropriate service or mix of services needed.

A third outcome was the increasing duplication of services, as new grass-roots organizations set up their own services which were parallel to but vastly different in style from the established agencies. In Canada this phenomenon can be found in the multiplicity of services funded by L.I.P. and O.F.Y., which reached out to those constituencies which were alienated from the more conventional modes of service delivery. Such services also stressed support to people in normal or pre-stress situations, and to people who needed occasional help; they also made heavy use of para-professionals and community people.

Throughout these phases -- emphasis on treatment, community action, and parallel service development, the basic service delivery system itself was never examined; indeed a theoretical base for the examination of the service system was never seriously developed.

The dilemma now is how to blend the concept of community-based services, supporting people in their everyday living patterns and stressing prevention, into the provision of service delivery, while at the same time effectively drawing upon the varied specialized skills of human service professionals.

COMMUNITY SERVICE TEAMS

The 'community service team' concept in service delivery is frequently referred to as a solution to the dilemma just mentioned, and forms the basis of the multi-funtion (not the multi-service) approach. Table One shows some of the models which are functioning or proposed in Canada and the United States.

First, however, the need for a team approach should be identified and the term 'community service team' defined. Secondly, it would be useful to look at some of the issues involved in the establishment of such teams.

a) The Need

The first recognized problem area is the lack of co-ordination between the services entering any given area. Their different administrations, boundaries, and funding, make effective co-ordination extremely difficult to achieve. Attempts to co-ordinate within such a framework can only happen on a consensual basis, and achieve at best a central point for information exchange.

From the viewpoint of the beneficiary of such services, this means continuing self-diagnosis, and bouncing from one agency or facility to another, as has been discussed in the previous paper by Arch Andrews. Continuing fragmentation and specialization also means a lack of accountability by services to the beneficiary and the community -- each service will only accept accountability for its particular area of expertise. No one group need take responsibility for integrating the many services and supports people require and use in their everyday lives. Nor is it possible to develop a sense of accountability or relationship to the local community served.

This makes the work of prevention very difficult. Most people are reticent about seeking professional help unless the problem has reached severe proportions; thus the opportunity for intervention on the borderline problems is lost. A good example is the policeman on the beat -- no one will flag down a patrol car to comment on the weather. However, it is very easy to engage in casual conversation with a policeman strolling along the sidewalk, and in the process to comment on occurrences in the neighbourhood which may or may not call for some police intervention or response at a later date.

The continued reliance on specialized agencies for crisis intervention is costly and does nothing to further the goal of prevention.

With the development of counter or emerging services in recent times, we run the risk that services themselves become incomprehensible to the average citizen. There is glut in one area and scarcity in another, because no agency or organization has the time or the mandate to review and plan for any one particular district.

In this situation, it is easy to understand the reasons for the growth of information services to direct people to appropriate sources of help and to be responsible for their

making contact with the relevant professional or non-professional help, and finding the facility, such as day care, which best meets their needs.

The current situation is also responsible for the proliferation of citizen advisory boards, councils, committees, etc. School community councils, advisory bodies to recreation centres, libraries, community centres are being established -- all of which are dealing with the same population and the same area, but usually have no relationship to each other beyond that of overlapping members. The need for the sensitive community input of these bodies is already recognized as being important, but it is questionable whether this is the most effective channelling of community energy, knowledge, and skills.

Given the wide variety of neighbourhoods and districts in our large urban centres -- ethnic concentrations, particular socio-economic groupings, differing clusters of public facilities such as parks, schools and the like, and the presence of special high need groups, to mention but a few of the variables to which service providers must be sensitive, it is easy to see why the style of service provision and delivery must be able to respond effectively and sensitively to local variations and priorities. It would seem obvious of course that such "individualized" responses must take place within a broad policy framework and be consistent with the standards laid down by the mandated parent body, be it provincial, metropolitan or area municipal.

b) The Community Service Team

The concept of a 'team' approach, which refers to a multi-function approach, must be distinguished from that of the 'multi-service centre' approach. The latter refers to the locating of a number of resources and services under one roof. This has been likened to the 'shopping centre' approach, and prompted the charge that "now I can find out in

fifteen minutes, instead of three weeks, that they can't help me".¹

A multi-function team, by contrast, means that there is one centre of authority, to which community service workers are accountable. Skills are integrated into a set of common purposes for a given local area. Workers acquire a sense of responsibility for that area and for the elimination of gaps, even when the support required is not in the area of their own specialization. The local network of facilities and services, such as day care, the local park and school, as well as the social services available, should be seen as contributing to a common whole, symbolized for instance, by the use of one common identifying logo.

The team should be visible and establish an identity in the community, working closely with the residents. Issues of continuity and tenure still need to be examined, and the pattern of career advancement reviewed to ensure that workers will be encouraged to remain in a given district. The medical model is a useful one in this respect; skilled practitioners do not automatically have to move into administrative positions to advance their careers. In this model, direct service skills are valued for themselves and often valued higher, in fact, than those associated with administration and management.

The Community Service Team requires, however, a highly competent district manager or co-ordinator, whose salary and community prestige should approximate that of the local school principal. He or she would be responsible for day to day management and administration and should have sufficient discretion over the design of the service team to respond effectively to the area's particular needs and priorities.

¹ Social Service Review: March 1976. "Service Delivery at the Neighbourhood Level, Experience, Theory and Fads" Alfred J. Kahn.

Teams themselves might be established on a geographic basis or to serve special need groups, i.e. the elderly. An individual worker might belong to more than one team. Team skills could be secured via purchase of service agreements with specialized agencies, such as Children's Aid or from workers provided directly by the area municipality.

As discussed in the paper "Developing a Municipal Framework for Co-Ordination" by Marvyn Novick, the mandated body to whom the manager would be accountable might be a new department of Community and Family Services, located at the area municipal level. However, the manager would also relate to the community mechanism established to liaise with the team. The exact relationship would depend upon how this community input is structured and could range from a situation in which the manager is in some way hired by and accountable to the community, to a variation of the district supervisor model.

Clearly, this community service team approach is not feasible within the present configuration of service districts. As a pre-requisite, the catchment areas of at least the main service providers must be made coterminous. This in itself is a major re-organization but an integrated district service model cannot be superimposed on the existing service divisions within Metropolitan Toronto.

The issue of scale must also be realistically approached. Some accommodation will be necessary between the need for smallness to reflect local characteristics and that of necessary size to support a sufficiently wide range of services within itself. Certain factors should be taken into account in arriving at a viable scale; these factors can be identified as:

- small enough to identify and provide for variations in local priorities and to establish a community identity;

- large enough to draw on sufficient numbers for political viability and to attain influence on service providers;
- able to encourage the development of service boundaries that are coterminous to ensure that front-line workers relate to only one district and community;
- large enough to break down ghettoization of minority and special need groups, such as public housing tenants.

They must also be large enough to accommodate diversity among the population, and to enable minority members such as the elderly, one-parent families, etc. to be present in enough numbers to constitute a vocal group within the area.

As may be seen, there are complex and, as yet unresolved, issues which must be faced in the establishment of genuinely integrated community service teams. One of the most difficult problems at the present time is whether this goal can be achieved through purely administrative reforms at the service provider's level, or whether some shift in political authority is not in fact required, since the issue of control is perhaps the most divisive in any discussion of community service co-ordination. This is especially so when the rhetoric of decentralized integration confronts the reality of entrenched administrative authority and the natural instincts of politicians to protect their existing powers. The choices in establishing community service teams involve locating the appropriate centre or centres of authority, which could be either district municipal management with the community in an advisory role or community management within overall policy and standards established by the municipality.

Administrative reform at the service provider level, whether municipally or community initiated, will have to depend at the present, on the co-operation and consensual

agreement of all the service providers involved. As a review of some of the models currently operating or proposed will show, the disadvantages of this kind of reform lie mainly in the absence of a clear mandate to coerce or enforce integration, and in the reluctance of many providers to surrender any autonomy.

Political reform, the establishment of new lines of authority across a broad variety of agencies and organizations is probably too far reaching for the current political climate in Ontario. British Columbia and Quebec, however, have begun to achieve co-ordination by provincial statute. This will be examined more closely in the following section.

REVIEW OF SOME CURRENT OR PROPOSED MODELS

The preceeding brief interpretation of some recent trends in community services, from the treatment model to the universal community services concept illustrates the double dilemma we are now facing. On the one hand, how can the specialized expertise and experience of traditional service providers be incorporated into a neighbourhood context, where the worker must be prepared to consider community variations, priorities and needs as well as the requirements of each individual client? The beneficiary must be regarded as part of and interdependent upon a family and community setting, influenced by their strengths and shortcomings, and able to gain from their informal, non-professional support structures.

On the other hand, the question of how these changes are to be achieved must be faced. As was previously stated, there is a choice between administrative re-ordering or policitical change.

Table One shows how some current or proposed models were initiated, whether from the municipal or provincial government, or from the community sector, and how they are

MODELS OF DECENTRALIZED CO-ORDINATION FOR THE PROVISION OF COMMUNITY SERVICES

VI-11

| CITIES | MODELS ARISING FROM ADMINISTRATIVE REFORM | | MODELS ARISING FROM POLITICAL REFORM | |
|-----------|--|---|---|---|
| | Government-Initiated | Community-Initiated | Government-Managed | Community-Managed |
| Boston | Little City Halls | | | |
| Montreal | | | ← Local Community Service Centres → | |
| New York | Neighbourhood City Halls | | | |
| | Neighbourhood Cabinets/District Managers | | | |
| Toronto | City of Toronto Neighbourhood Services Work Group Proposals: 1) Neighbourhood Service Associations 2) Federation of Assn. 3) Neighbourhood Service Boards | York Community Services ----- Regent Park Community Services Unit | | City of Toronto Neighbourhood Services Work Group Proposals: 4) Community Corporations |
| Vancouver | | Brittania Community Services Centre | Community Resource Boards (since Feb. 1976) | Community Resource Boards (until Feb. 1976) |

subsequently managed. A summary description of each follows. A more detailed explanation of most of these can be found in the Social Planning Council report "In Search of a Framework".

QUEBEC Montreal

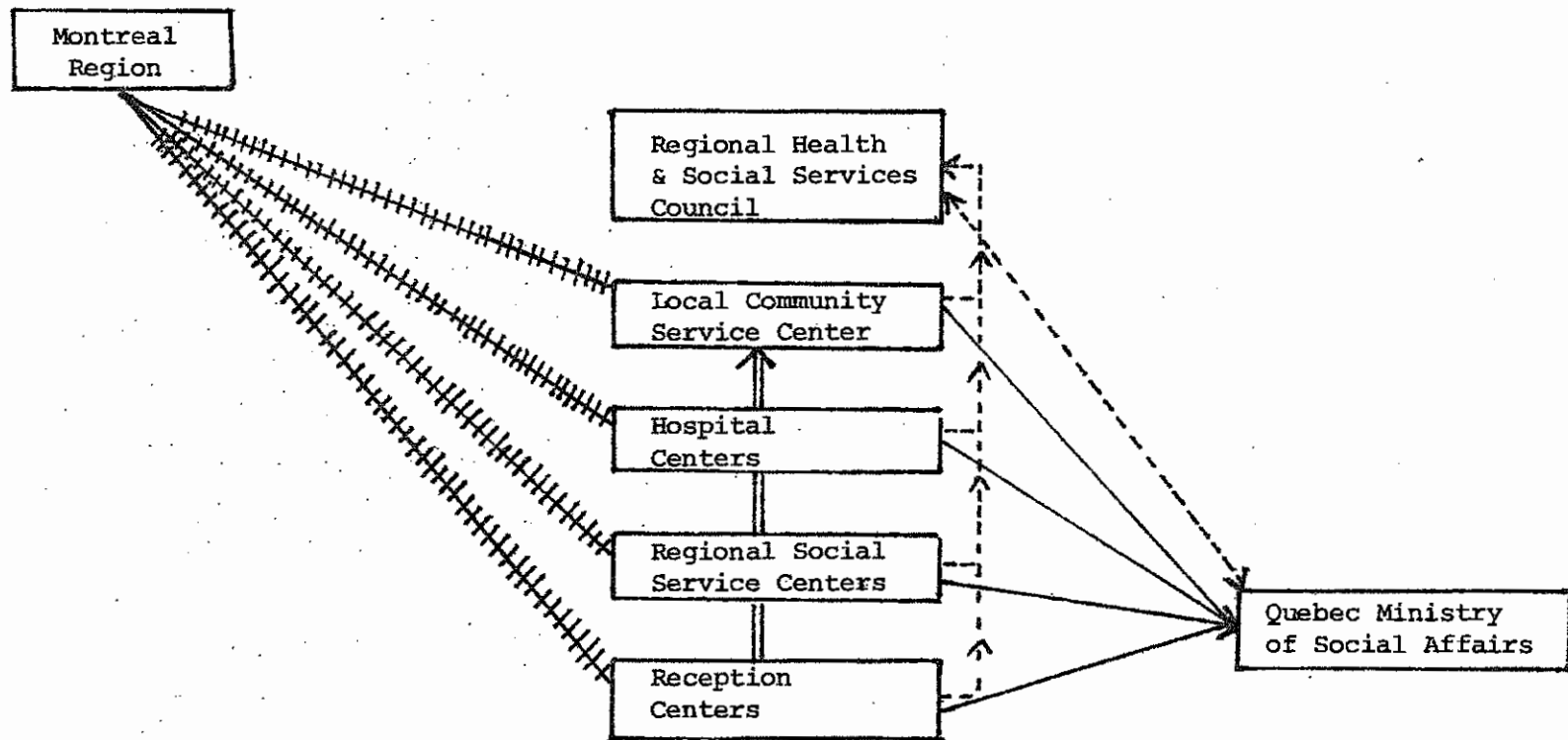
In the late sixties, the provincial government commissioned a major review of the health, social services, and income security system functioning in the province of Quebec. The Castonguay-Nepveau Commission was the instrument for this review and as a result of its findings, the government of Quebec in 1971, under the Ministry of Social Affairs, enacted legislation, Bill 65, to achieve the co-ordination of health and social services. This law encompassed social service agencies, hospitals, community clinics and numerous other direct services.

In Montreal, this has resulted in the establishment of several structures: the Ville Marie Social Service Centre for the English-speaking community and the Centre des Service Sociaux de Montreal Metropolitain for the French-speaking population. See Chart Number Two.

Six previously separate agencies have been merged under one management at the Ville Marie Centre, and are managed by a board consisting of users, appointed citizens, a professional from the field of social service, one non-professional employee of the Centre, representatives appointed by the Boards of Directors of the Local Community Service Centres, and one university representative.

At the community level are the Local Community Service Centres, serving a population of between 50,000 and 70,000. The services offered by these Centres are health, social

NEW HEALTH AND SOCIAL SERVICE STRUCTURE IN MONTREAL



Legend:

- formal reporting
- communication
- ==== Service contracting
- ##### Service provision

Source: "In Search of a Framework" Social Planning Council of Metropolitan Toronto
January, 1976. Page 85.

services, as well as community organization and development work. They are managed by a community board, but although these boards have statutory powers, no clearly defined procedures or eligibility requirements were set up for their elections. This resulted, in some cases, in a divisive struggle within the community before the elections themselves could take place, which weakened the credibility of the subsequent Board.

It is important to note that these structures operate in isolation from municipal government. Montreal has a ward system, but concern for community services and resident involvement is not a feature of the present administration. The Local Community Service Centres thus fill a void at the community level and the issue of the role of the local aldermen is not relevant.

BRITISH COLUMBIA Vancouver Resource Board and Local Resource Boards

Here integration was also initiated provincially and resulted in the creation of a system of community service teams, managed by a district manager and accountable to a locally elected Resource Board. The local Boards relate to the Vancouver Resource Board, which offers specialized services, sets standards and policy, and provides a sophisticated computer-run central information bank.

The local Resource Boards were set up under Provincial legislation and election of residents to these Boards was governed by statute and funded by the Province. Public interest and understanding of social issues has increased with their formation, as evidenced by the increasing turnout at their election, which contrast dramatically with the turnout at election time for boards of local settlement houses. Through a comprehensible elective process, sanctioned by the government and uniform across the city, the legitimacy of the

boards had been firmly established.

Each Board had its own technical expert (the manager) to provide day to day management of the service team, and to translate policy directives into direct service delivery.

They have no formal relationship to the municipal process beyond the presence of two aldermen on the central Vancouver Resource Board. Vancouver does not have a ward system, although it parallels to Toronto in the developed network of ratepayer, tenant and resident groups in existence.

The growth of these resident-supported, provincially mandated bodies at the community level was viewed with some mistrust by the municipal sector, which tended to see them as usurping powers more properly belonging to City Hall and as possibly posing some future threat at election time. Some of these fears have now been translated into the reforms enacted by the new provincial government, which has moved to take away the elected status of the local Resource Boards.

Britannia Community Service Centre

This project was initiated in 1967, before the system of Resource Boards was conceived and still operates independently of them.

The proposal came from the community, through two area councils of the Vancouver United Community Fund. It was for a multi-service community-based facility built around an existing secondary school, and offering recreation, education, library, day care, senior citizen programs, social services and a new primary school. Considerable new construction was necessitated, which was funded jointly by the Vancouver City Council, the School Board, the Parks Board (an elected body) and the Library Board.

The community, in the form of the Britannia Advisory Board, hired its own manager to translate its priorities and concerns into the design process, the integration of services and the day to day management of the Centre.

It has no statutory base and is dependent on the mutual co-operation of the funding bodies and on the secondment of front-line staff. This is formalized by "Operating Agreements" between the Centre and each agency wishing to locate there and is a condition of tenancy. So far, this has been found to be mutually satisfactory, as no serious conflicts have arisen. The exceptional calibre of the manager contributes to the success of this project.

BOSTON Little City Halls

Little City Halls were initiated directly by Mayor Kevin White, fulfilling an election promise to bring services closer to the people. Thus this decentralization is located firmly in the municipal sector, but due to a strong mayor/weak council system, it relates directly to the Mayor himself, and is independent of the councillors, who are elected at large, and is also independent of the municipal line departments.

The major function of Little City Halls is to ensure better service for local communities from the line departments, and to operate special projects. Their managers act as an ombudsman/advocate for the local area with municipal and other agencies, and represent a direct line of communication from the local community to the Mayor. They are also the Mayor's representatives in the community.

No local community structure, advisory or otherwise, was set up in connection with Little City Halls, and although some moves were made in this direction at one stage, they

were quickly abandoned. However, the managers devote considerable time and energy to working with the area's community, tenant, and businessmen's groups.

In the face of a bureaucracy impervious to any reform, this system is helping to equalize services across the city, but it involves no changes, either administrative or political.

ONTARIO York Community Services

The initiation, scope, achievements and problems of this unit have been covered in the previous paper by Arch Andrews, "Reflections on the York Community Services Experience". It is only necessary to note here that this model involved no shift in traditional political lines of authority, despite a local community board, and that the administrative re-organization was superficial, and only existed at the goodwill of the agencies involved.

Regent Park Community Services Unit

In 1968 residents and agency professionals from the Regent Park Public Housing Project met to discuss the service needs of the community. General consensus was reached that there were jurisdictional conflicts, lack of accountability to consumers, duplication of services, eligibility disputes, waiting lists and high worker turnover.

The need for locally centralized services, planned and administered by local residents, was seen as the solution and the Regent Park Community Services Unit was established. A twelve person board, elected from the tenants' organization was formed and an administrator/co-ordinator, responsible to this board, was employed. Local residents were also employed to participate in service delivery. Heavy use was made of volunteers, as an 'early

warning system' and to help in providing emergency babysitting, home help, etc. The Unit also engaged in active social advocacy.

Workers from several agencies liaise with the Unit and have a dual accountability, to their parent agency and to the local board through the co-ordinator.

The Unit has suffered from unstable fragmented funding and no source of funds was secured for the core administrator. These problems distracted the volunteer board from active involvement with service delivery and gradually wore down their willingness to participate. In this situation the agency professionals reverted to relating primarily to their own agency, and much of the cohesive locally-based character of the Unit was dissipated.

The experience of the Regent Park residents illustrates how hard it is for local boards to affect the actual performance of services when funding and co-ordination is non-existent at senior levels. Despite the willingness of several agencies and the dedication of the residents, the Unit nevertheless could only co-ordinate on a consensual basis and is in a continual state of financial crisis.

Neighbourhood Services Workgroup (proposal)

In 1975 the Confederation of Resident and Ratepayer Associations and the Social Planning Council of Metropolitan Toronto approached the City of Toronto with a proposal that the City undertake a study on the relationship between physical and social planning, and on the impact of community services available to local neighbourhoods. A Workgroup was established comprised of three aldermen, some civil servants and the representatives of several citizens' organizations.

The finished report was published in April 1976 and contained lengthy and complex proposals designed to decentralize where possible city services, to increase accessibility and awareness of these services, and to provide some mechanism for community input into the planning and delivery of such services.

Some recommendations signifying the city's interest in influencing the services provided by non-city agencies were also included.

The proposals relating to a community mechanism outlined four structures, to be enacted on an incremental basis on the request of each city neighbourhood. These four structures range from Associations, which are formalized residents' groups, to Federations of such groups, to a Neighbourhood Board possibly operating a Neighbourhood Centre to a Community Corporation which would receive block funding from the city to operate its own services.

One of the purposes of all four structures is to provide a channel for local priorities to be fed into the process of budget allocation and the planning and delivery of city services. Another purpose is that of co-ordination, which, it is assumed, can be carried out by a locally elected group of citizens. Some of the other recommendations in the report deal with the establishment of coterminous service boundaries, and with re-organization of the city's budget in such a way that it can be broken down geographically.

The assumption the co-ordination can be effected administratively, without some major re-ordering of political lines of authority, has proven to be unrealistic in other models. Problems of bureaucratic domain, amongst others, makes it impossible for one department to co-ordinate other parallel departments.

The city does not at present have jurisdiction over many community services, such as day care, social services, libraries, etc. that the Neighbourhood Boards and Corporations envisaged by the report would be expected to co-ordinate, plan and in some cases, deliver actual services. As the experience of other models has shown, residents' boards have found it difficult if not impossible, to ensure co-ordination from autonomous agencies, whether private or governmental. Fragmented funding, differing and limited areas of responsibility and jurisdiction, render the possibility of effective co-ordination at the local level virtually impossible at present.

Currently, these proposals are receiving further study by the Mayor and a committee of aldermen. The Mayor has recently signified an interest and a willingness to consider some decentralization of city services.

NEW YORK NEIGHBOURHOOD CITY HALLS

In 1966 the first Neighbourhood City Hall (NCH) was opened in East Manhattan, in an attempt to communicate more effectively with local residents, and in a specific response to earlier riots in the city. By 1967 there were six NCH's, with three mobile units. As part of a broader re-organization plan, the Human Resources Administration was developed, encompassing welfare, social services, manpower, youth services, narcotic addiction control, as well as the Community Action Program. Planning and co-ordination of major programs was carried out by this super-agency, while the actual operation of neighbourhood manpower centres and other local action projects was turned over to community corporations. By 1967, seven out of eight dollars of New York's "versatile" community action funds were

under the control of community corporations.²

Besides the communication aspect and the community improvement activities, these NCH's were designed to improve existing departments, achieve some co-ordination, and resolve neighbourhood problems by the use of neighbourhood boards and locally assigned staff.

Another element of New York's complex administration was that of district managers and neighbourhood cabinets. These brought together department heads, agency directors, and other relevant personnel on a district level to review and co-ordinate their activities. It functioned as a type of inter-agency council.

Despite the status of the district manager, his only power was that of coercion and persuasion, which proved inadequate to deal with any substantial changes to improve the level of service. Without the mandated authority to compel compliance, the agencies and departments were free to reject any proposals from the manager that might affect their domain and autonomy. It must be noted that the bureaucracy of New York's civic administration has been characterized by low employee performance, resistance to change, and an entrenched civil service system.

In view of New York City's financial plight at the present time, it is difficult to assess the contribution that community corporations and district managers have made. Some worthwhile gains have been made at the neighbourhood level, but the complexity of the system mitigates against its universal acceptance and therefore leaves it open to political attack.

² "Community Corporations and Neighbourhood Control" Howard H. Hallman, Centre for Governmental Studies, Washington, D.C.

The failure of the district manager/neighbourhood cabinet model can be traced to the lack of political change, and a reliance on administrative co-ordination, with no clear focus of authority.

CHICAGO MULTI-SERVICE CENTRES

In 1969, the city of Chicago set up the Department of Human Resources, which now operates twenty-six multi-service centres across the city.

Each centre is tailored to the neighbourhood it serves, and although there is no formal, on-going community board, residents' committees are formed around specific issues or problems. The centres have three major thrusts -- that of community development, family services, and youth and corrections work. The City staff work closely with the staff from other agencies and organizations to provide a "total package of resources".

This is done on the basis of consensual agreement among these parties; there is no statutory basis for co-operation. However, it appears to work to the satisfaction of the source at City Hall.

The Centres also co-operate with the centres operating under the Model Cities program. These centres are poverty-oriented and have their own citizen boards.

The Centres employ neighbourhood workers, who act as ombudsmen advocates for residents with problems and complaints, and take the responsibility of carrying through the problem to a resolution.

Although there are some complaints that they represent another layer of bureaucracy, over three million clients have received valuable services from them.³

3 "Neighbourhood Facilities and Municipal Decentralization Centre for Government Studies"

They are, however, multi-service centres and there is no integrated team approach. Although there is active citizen participation, the Multi-Service Centres represent a municipal decentralization rather than integration. It is also difficult to visualize a similar concept in the Toronto context, as the political and funding arrangements differ considerably.

As the models surveyed above show, there is very little presently operating which is multi-function rather than multi-service. Although the decentralization aspect of the multi-service centres allows for easier access to services, it does nothing to seriously further an integrated approach, other than the casual co-ordination achieved by propinquity. It has considerable public relations value, and in cities where the performance of the municipal bureaucracy is poor, and the possibility of its reform problematic, it can be a way of coercing improved services.

Of the municipally initiated centres, there appears to be little difference whether they have citizens participating on advisory boards or not. The basic services remain constant, although areas of special concern or special projects draw the involvement of these boards.

Only where citizen boards had a legal requirement (Britannia) or a statutory one (British Columbia and Quebec) to participate was their participation legitimate in the eyes of the service-providers, and accepted by the community at large. However, in both British Columbia and Quebec, it was within the framework of provincially initiated integration.

Since multi-service centres merely provide a physical regrouping of services, with no authority or mandate to integrate, their impact on existing service delivery is limited.

Similarly, to draw together a group of local residents, however well motivated, and expect their presence to produce at least co-ordination among disparate autonomous agencies and governmental departments, is at best naive.

THE ISSUE OF COMMUNITY BOARDS

Some of the arguments raised against the introduction of locally elected boards are worthwhile considering. The main one perhaps, is that they constitute a third level of government and will erode the authority and function of the local, elected, alderman.

There are two answers to this; firstly they are special purpose bodies, like the Health Board, Library Board etc., and a host of advisory groups at the neighbourhood level. It is envisaged that a community board would replace many of these bodies, thus rationalizing a confusing and wasteful use of people's energy and time. They would be more visible and thus accountable than many of the current neighbourhood mechanisms that they replace. In a sense, it is a conservative move, giving people less government, not more, and ensuring that they, and not bureaucracies, have control. However they are chosen, they must have the legitimacy of some statutory mandated power to be universally understood and accepted. Participation in such bodies by groups other than traditional land-use groupings will only come about when such activity is not seen as protest-initiated, and is perceived as a source of real change.

That they will erode the authority of the elected alderman is also cited. Firstly it must be understood that this approach to service delivery can only be workable after some prior political reform, which would expand the jurisdiction and domain of the area

municipal government, thus giving the alderman a major role in setting broad policies. The community board would only have discretion in the way in which it administered that policy. Secondly, access to service must be viewed as a universal right, and should not be contingent upon favours from individual aldermen (the favour to be reciprocated at election time).

Some doubts have been expressed regarding the ability of citizens to participate usefully and meaningfully in the field of community services. The experience of Regent Park, York Community Services, Vancouver Community Resource Boards, Quebec and others, has proven that this is to under-estimate local communities. The parallel can be drawn here between social and physical planning. It has been evident in Part Two Official Plan Studies, that residents groups, especially where the technical competence of the planning staff assigned to them was high, could understand and participate in an extremely complex area.

Whether these community boards are appointed, and by whom, or elected is a significant choice to be made. There is a fear that in an elective process few representatives would emerge from groups not presently active on municipal issues (tenants, immigrants). However, it must be realized that the concerns of such groups, New Canadians, the elderly, handicapped, etc. are not within the current jurisdiction of municipal councils. Once City Hall had responsibility in the areas of their concern, it would become the focus for their activities, and the candidates at election time would have to reflect these areas. Likewise, the pressure to elect or appoint representatives from these constituencies to local community boards would be considerable.

One of the problems with an open electoral process is that no one can control who the people will elect. However, this has traditionally been regarded as its strength. The alternative is to appoint people from different constituencies, in the corporate model, of

ensuring a perfectly balanced board. The attempt to actually elect people from specific racial or socio-economic groupings, which was tried under the Quebec model, became very divisive and was a bitter experience for neighbourhoods where it was attempted.

However, such a board is chosen, political reform must take place at higher levels of government, to ensure that the goal of community-based, sensitive and flexible services, delivered by an integrated and multi-function team, can be met. Otherwise it will become another exercise in frustration for local neighbourhoods.

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APPENDIX "A" - SEMINAR PROGRAM

URBAN SEMINAR NUMBER THREE

PROGRAM

THURSDAY, SEPTEMBER 16th
PLAZA ROOM, PLARK PLAZA

6:30 p.m. Registration

7:30 p.m. KEYNOTE SESSION

Chairman: Professor Stanley Makuch
Faculty of Law
University of Toronto

Speaker: Stephen Lewis, M.P.P.
Leader of the Opposition
Government of Ontario

8:30 p.m. SESSION ONE

"Senior Government Roles:
Financing and Domain"

Chairman: Hugh Hanson
Consultant
Former Chairman,
Ontario Task Force on
Community & Social Services

Presentation: Don Richmond
Deputy Commissioner of
Planning
Municipality of
Metropolitan Toronto

FRIDAY, SEPTEMBER 17th
PLAZA ROOM, PARK PLAZA

9:10 a.m. SESSION TWO

"Developing a Municipal
Framework for Coordination"

Chairman: Ruth Grier, Alderman
Borough of Etobicoke

Presentation: Marvyn Novick
Social Planning Council
of Metropolitan Toronto

Reactors: Professor John Gandy
Faculty of Social Work
University of Toronto

Anne Golden
Bureau of Municipal Research

10:30 a.m. Coffee/Tea

10:40 a.m. WORKSHOPS

Workshop I: "Public-Voluntary Relations"
(French Room)

Chairman: Mary Louise Clements
Social Planning Council of
Metropolitan Toronto

Panel: Barbara Greene
Controller, Borough of North York
Rose Wolfe,
Executive Member,
Toronto Jewish Congress
& United Way

Workshop II: "Management Information Systems
for Human Services:
What is Useful? (University Room)

Chairman: Bob Rutherford
Management Information Systems,
Ontario Ministry of Community
and Social Services

Panel: Gerry Dermer
Faculty of Management Studies
University of Toronto

URBAN SEMINAR NUMBER THREE

PROGRAM

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| | Eilert Frerichs, Social Planning Council of Metropolitan Toronto | 2:15 p.m. | <u>SESSION THREE (Plaza Room)</u> |
| WORKSHOP III: | "Coordination Efforts in Waterloo, Sudbury and Halton" (Plaza Room) | | "Decentralized Coordination of Service Delivery: Administra- tive or Political Reform?" |
| Chairman: | Mary Collins President, Mary Collins Consultants | Chairman: | Anne Johnston Alderman, City of Toronto |
| Panel: | Edith McIntosh Mayor, City of Kitchener Regional Health and Social Services Committee | Presentations: | Arch Andrews Former Executive Director York Community Services |
| | Peter Marks Human Services Council Sudbury | | Anella Parker Social Planning Council of Metropolitan Toronto |
| | Ron Luciano Health and Social Services Council Halton | 3:30 p.m. | <u>CONFERENCE SUMMARY</u> |
| 12:00 p.m. | Cash Bar | | Kenneth Cameron, Chairman, Toronto Regional Group Institute of Public Administration of Canada |
| 12:30 p.m. | <u>LUNCH (Empress Room)</u> | | |
| Chairman: | Paul Cosgrove, Mayor, Borough of Scarborough | | |
| Speaker: | Honourable John P. Roberts C.C., Q.C. Royal Commission on Metro Toronto | | |